



**Kansas Department for
Aging and Disability Services (KDADS)**

**Home and
Community Based
(HCBS)
Serious Emotional
Disturbance (SED)
Waiver Manual**

November, 2013

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Acronyms

AC – Attendant Care

CAFAS – Child and Adolescent Functional Assessment Scale

CBCL – Child Behavior Check List

DCF – Department for Children and Families

ePOC – Electronic Plan of Care

HCBS – Home and Community Based Services

JJA - Juvenile Justice Authority

KDADS – Kansas Department for Disability and Aging Services

MCO – Managed Care Organization

PECFAS: Preschool and Early Childhood Functional Assessment Scale.

PRFC – Professional Resource Family Care

PST – Parent Support and Training

QMHP – Qualified Mental Health Professional

SED – Serious Emotional Disturbance

WAF – Wraparound Facilitation or Wraparound Facilitator

Terms and Definitions

Annual Review

A clinical evaluation of the waiver participant by a Qualified Mental Health Professional (QMHP) to determine if a waiver participant meets clinical eligibility requirements in order to continue to receive waiver services. The annual review occurs each year during the month the Family Choice Assurance Document (FCAD) was originally signed or the month prior to the original FCAD signature date.

CAFAS

Child and Adolescent Functional Assessment Scale. An assessment tool/rating scale which assesses a youth's degree or impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use issues.

CBCL

Child Behavior Checklist. An assessment tool designed to define child behavioral problems empirically and assess in a standardized format the behavioral problems and social competencies of children as reported by parents, teachers, or the youth himself or herself. The versions of the CBCL include the parent/guardian form, Teacher Report (TR), and Youth Self Report (YSR).

Client Obligation

A fee assessed when the waiver participant has significant income as determined by the Kansas Department for Children and Families (DCF). The client obligation is different from the Parent Fee. See the Parent Fee definition for additional information.

ePOC

Electronic Plan of Care. Data from the Plan of Care is entered into the Lucidity application and is electronically submitted to the waiver participant's assigned KanCare Managed Care Organization.

ES-3160

A DCF document used by the CMHC to notify DCF that the waiver participant has met clinical eligibility requirements for the SED Waiver and that financial eligibility should be established.

ES-3161

A DCF document completed by the CMHC to notify DCF of changes to a waiver participant's eligibility status. The ES-3161 is sent to DCF after the annual review or when the waiver is terminated.

Exception request

Exceptions to certain clinical eligibility requirements can be made in circumstances when adequate documentation exists to justify why the exception should be made. Clinical eligibility exceptions can be approved based on the waiver participant's minimum age, maximum age, and CBCL score. Eligibility exception requests are approved or denied by the Kansas Department for Aging and Disability Services (KDADS).

Family Choice Assurance Document (FCAD)

A document signed by the waiver participant's parent/guardian indicating the choice of SED Waiver services over other treatment options. The QMHP and family review the document together, and indicate their choice by the same date and signature of the QMHP and parent/guardian.

Family Choice Date (FCD)

The date the family signs the Family Choice Assurance Document. This date is considered the start date for the waiver.

Kansas Department of Aging and Disability Services

The state agency that administers the Serious Emotional Disturbance Waiver.

Lucidity

The SED waiver web-based application that houses the electronic Plan of Care, budget, and eligibility information. Lucidity also serves as a communication tool for providers and the KanCare Managed Care Organizations. Lucidity is currently maintained by Kansas Health Solutions.

Notice of Action (NOA)

A document sent to the waiver participant/s parent/guardian by the CMHC notifying them of changes in service and/or their waiver eligibility status.

Parent Fee

Established through a legislative proviso, the Parent Fee is a fee that may be due monthly dependent on the family size and income. The parent fee will be billed to the parent by KDADS. More information about the parent fee can be obtained at http://www.kdads.ks.gov/CSP/ParentFee/ParentFee_Index.html

PECFAS

Preschool and Early Childhood Functional Assessment Scale. The PECDAS is an assessment tool used for children who are under 5 or not yet in school. The PECFAS can also be used for older children functioning at a lower developmental level. Children 5 and older or who are in Kindergarten or a higher grade are given the CAFAS

Plan of Care

The treatment planning document developed through the wraparound process that outlines the waiver participant's identifying information, strengths and needs, treatment goals, treatment objectives, crisis plan, services to be provided, and the cost of providing those services (budget).

Qualified Mental Health Professional

A Master's level clinician who is licensed by the Kansas Behavioral Sciences Regulatory Board or an ARNP, PA or MD and employed by a CMHC that determines initial and continued clinical eligibility for the SED Waiver.

Wraparound Facilitator

A mental health professional employed by a CMHC and is responsible for the development of the Plan of Care and monitoring of waiver service provision.

Wraparound Team

The Wraparound Team consists of the waiver participant, parent(s)/guardian(s), family, friends, natural supports, mental health professionals, and any other person chosen by the family to participate in the development of the Plan of Care.

SED Waiver Eligibility Requirements

A community mental health center (CMHC) must complete a clinical evaluation to determine if a child/youth qualifies for the SED Waiver. In order to qualify for waiver services, the youth must meet the minimum criteria, and eligibility must be established in the correct order. Those criteria are listed below.

Inpatient Psychiatric Criteria (State Hospital)

- A waiver participant must be determined as likely to need an inpatient (state hospital) level of care as described in 42 CFR 440.160 in the absence of HCBS/SED services.
- If the individual has been screened as appropriate for admission to an inpatient psychiatric hospital (PRTF screens do not qualify) within the past 180 days, Attachment D of the ICEP does not have to be completed. A copy of the screen can be attached to the ICEP in lieu of Attachment D.

Diagnosis

- A mental health diagnosis identified in the current DSM
- Diagnoses of v-codes, substance abuse or dependence, and developmental disorders must co-occur with a qualifying mental, behavioral, or emotional disorder. Asperger's Disorder as a sole diagnosis is acceptable.

Serious Emotional Disturbance (SED) criteria

- Must meet SED criteria.
- Transitional age youth can be designated as both SED and SPMI. If the Waiver participant is on the waiver, SED should be marked in AIMS.

Functional Assessment

- All SED waiver participants must meet minimum scores on the Child and Adolescent Functional Assessment Scale (CAFAS) and the Child Behavior Checklist (CBCL). All versions of the CBCL are acceptable.
 - The minimum **total** score for the **CAFAS** is **100**, or **30** on **any two** subscales.
 - The minimum score for the **CBCL** is a **t-score of 70** on any of the 3 subscales.
- The CAFAS can only be administered and scored by a Qualified Mental Health Professional (QMHP).
- A Wraparound Facilitator (WAF), Parent Support Specialist (PSS) or Targeted Case Manager (TCM) can assist in obtaining CBCL results (e.g. helping the family understand the instrument and questions). However, the CBCL is completed only by the family.

Age

- A waiver participant must be between the ages of 4 and 18, although a request for eligibility exception may be submitted for a child younger than 4, and older than 18 through the age of 21. The exception must be approved by KDADS central office. The written approval letter from KDADS must be kept on file.
- If the waiver participant reaches age 18 while on the SED Waiver a new FCAD is not required.
- If a waiver participant is over the age of 18, he or she can become eligible for the SED Waiver through age 21 provided they have been identified as having a serious emotional disturbance and received specialized rehabilitative community based services any time for the 180 days prior to turning age 18, or would have accessed community based services during that time period but were unable due to their institutional or residential status, provided they continue to meet the functional and financial eligibility criteria.

Family Choice

- The family must sign the Family Choice Assurance Document to indicate they have chosen the waiver in lieu of state psychiatric hospitalization.

Steps for Determining SED Waiver Eligibility

Eligibility for the SED Waiver may be established 30 calendar days prior to the date of discharge for waiver participants in an inpatient setting or residential treatment facility. The Family Choice Assurance Document (FCAD) must be signed after clinical eligibility has been established, but it can be signed before date of discharge. The Family Choice Date (FCD) will then become the date of discharge. If waiver eligibility was established prior to discharge, on the FCAD, please write in the words “date of discharge” after the agency name and list the date. Please document in the notes section of Lucidity if waiver eligibility was established prior to discharge as well as the discharge date.

1. Complete the CAFAS, CBCL, and Initial Clinical Eligibility (ICE) Form.
 - Complete the CAFAS and record subscales, assessment total and date completed on the ICE Form.
 - ✓ The CAFAS must be completed less than 90 calendar days before the clinical eligibility date.
 - Complete the CBCL and record the t-score for the CBCL subscales and date completed on the ICE Form.
 - ✓ The CBCL must be completed less than 180 calendar days before the clinical eligibility date.
2. Submit an eligibility exception request to the CBCL score from KDADS Central Office if necessary. The date of the eligibility exception request approval becomes the clinical eligibility date. The FCAD must be signed on or after the eligibility exception request approval date.
3. Submit an eligibility exception request for the youth’s age from KDADS Central Office if the child/youth is younger than 4 or between 18 and 21 years of age. The date of the eligibility exception request approval becomes the clinical eligibility date. The FCAD must be signed on or after the eligibility exception request approval date.
4. Sign FCAD
 - The child/youth’s parent or guardian and a QMHP must review and sign the FCAD within 14 days after the clinical eligibility date. If the child/youth is discharged from an inpatient mental health treatment setting (inpatient psychiatric hospital or PRTF), the FCAD may be signed after the discharge, as long as it is within 14 days of the clinical eligibility date.
 - The FCAD can also be signed while the child/youth is in an inpatient setting. The Family Choice Date (FCD) will then become the date of discharge.
 - When a waiver participant is in foster care, the foster care agency may communicate by telephone with the QMHP regarding the FCAD only if they are unable to attend in person to eliminate a delay in the start of services. The QMHP will need to document the phone call in detail in a progress note, the QMHP needs to sign the FCAD and then fax the document to the Foster Care agency. The foster care agency must sign the document on the same date that it is faxed.
 - The QMHP must sign with credentials and indicate the date form is signed.
 - If the FCAD is not completed in full with the appropriate questions or statements identified by the family, a progress note should be completed by a QMHP indicating the area that was missed has been reviewed with the family. The progress note is filed in the waiver participant’s chart along with the original FCAD.
5. Send 3160 to DCF local office
 - Make sure the date entered next to “Chooses HCBS” is the date the FCAD was signed.
 - Send the 3160 to DCF as soon as possible to ensure DCF has adequate time to establish the child/youth’s financial eligibility for the waiver. Please see 60 day rule section on page 20.

6. Send Notice of Action

- HCBS waiver rules require that Notices of Action must be provided in accordance with 42 CFR Part 431, Subpart E.

Notice of Action Requirements

The required timeframes and circumstances for sending Notices of Action are as follows:

Notice Required	Circumstance
None	SED Waiver initiation of services. The Notice of Action is dated and sent the day the parent/guardian signs the Family Choice Assurance Document.
Within 14 days	Initial service authorization denials or limitations. C.F.R. §438.210(d)(1)
10 days in advance	Termination, suspension, or reduction of previously authorized Medicaid-covered services: 1) loss of clinical eligibility, 2) maximum age, 3) not receiving one waiver/grant service a month, 4) lack of cooperation, and 5) loss of financial eligibility. C.F.R. §431.211.
5 days in advance	The agency has facts indicating that action should be taken because of probable fraud by the recipient; and the facts have been verified, if possible, through secondary sources. C.F.R. §431.214.
Same day	Termination, suspension, or reduction of previously authorized Medicaid-covered services: 1) institutional placement, 2) change in medical condition, 3) written and signed statement indicating youth/family choice, 4) death of beneficiary, 5) transfer to another CMHC, and 6) beneficiary's address unknown. C.F.R. §431.213.

- The Notice of Action must advise the child/youth of his or her right to request a state fair hearing; of the method by which he or she may request a state fair hearing; and that he or she may represent himself or herself or use legal counsel, a relative, a friend, or other spokesman for representation. 42 CFR § 431.206.
- The Notice of Action must contain a statement of the intended action; the reasons for the intended action; the specific regulations that support the action or the change in Federal or State law that requires the action; an explanation of the individual's right to request a state fair hearing; and an explanation of the circumstances under which Medicaid is continued if a hearing is requested 42 CFR § 431.210.

SED Waiver Documentation letters (15-day letters)

Components of the eligibility process may be reviewed based on the information submitted in Lucidity. If it is determined that eligibility for waiver services was established in error; please call the waiver participant's managed care organization for assistance. If it is found, either through Utilization Management review or a KDADS annual audit, that the proper process for eligibility was not followed, or documentation regarding the eligibility process is missing, a letter will be sent to the CMHC stating that the CMHC has 15-days to provide the necessary documentation to establish

waiver eligibility. Until the issue is resolved, the authorization plan will be pended. The specific documentation being reviewed includes the following:

- Initial qualifying CBCL scores
- Initial qualifying CAFAS scores
- Initial qualifying CBCL scores within the 180 days prior to clinical eligibility being established
- Initial qualifying CAFAS scores within the 90 days prior to clinical eligibility being established
- Family Choice Assurance Document with a guardian signature/QMHP signature and credentials dated on or after clinical eligibility has been established.
- Eligibility document(s) signed by CMHC staff without credentials: FCAD, ICEP and Screen.
- Age exception approval
- CBCL exception approval

If the CMHC cannot provide the supporting documentation, eligibility for the waiver must be terminated.

If the Family Choice Assurance Document was signed before clinical eligibility was fully established, the parent/guardian must sign a new Family Choice Assurance Document.

- The authorization plan will start on the new date the FCAD is signed. This date is then recorded in the “Compliance FCD” field in Lucidity.
- The compliance FCD serves as a reimbursement re-start date to bring the clinical eligibility into compliance.

Financial Eligibility

Financial eligibility for the SED Waiver is determined by the Department for Children and Families (DCF). The parent/guardian must complete and submit the required application to DCF. The income/assets of the family are not considered when determining a child/youth’s financial eligibility. Only the income/assets of the youth are considered. If the parent/guardian wishes to have prior medical expenses reviewed by the local DCF office to potentially be covered, the parent/guardian should check the “prior medical” box on the application.

Client Obligation

There are instances when a child/youth’s income may exceed the income standard for Medicaid. In such cases, a client obligation amount is calculated by DCF. The client obligation is a monthly amount the individual/family is responsible for paying toward his or her cost of care each month. The monthly client obligation must not exceed the monthly cost for the six waiver services (Parent Support and Training, Wraparound Facilitation, Short Term Respite Care, Independent Living/Skills Building, Attendant Care, and Professional Resource Family Care) the waiver participant receives. When the 3160 is sent to DCF, the monthly cost section is derived from the interim budget if the Plan of Care has not yet been developed. If the monthly client obligation exceeds the monthly cost of the six waiver specific services, the Waiver participant is no longer eligible for the SED Waiver. Each budget submitted to Lucidity will be compared against the client obligation to ensure the waiver participant is still eligible. If it is determined the client obligation exceeds the monthly budget amount for the waiver services (not including the crisis plan services), the plan will be denied as of the date the obligation amount exceeded the monthly budget. A 3161 will need to be sent to DCF to close the waiver.

To determine if a waiver participant has a client obligation, call the local DCF office in your area.

Parent Fee Program

The Parent Fee Program was created for all HCBS waiver programs to increase shared responsibility for the payment of waiver services. Families who are determined to have the financial means to pay a portion of the cost of services provided to their minor children are assigned a parent fee. The fee assessed to the family is based on the parents' income according to a sliding scale.

Persons caring for a child with a disability who do not have to pay a parent fee include:

- Grandparents and other relatives.
- Adoptive parents and foster parents.
- Biological parents with incomes below 200% of the Federal Poverty Level (FPL).
- Biological parents experiencing a verifiable hardship, e.g., homelessness, loss of job, a change of income that drops the family's income below 200% of the FPL.

In certain circumstances (loss of income or an increase in family size for example), KDADS may waive or reduce a family's parent fee. The parent/guardian must complete a Request for a Fee Variance (RFV) form to receive a reduction or waiver of the parent fee.

Parents with 2 children on HCBS waivers are charged a fee for one child only. The Parent Fee will be billed to the parent by KDADS.

Additional information regarding the Parent Fee Program can be found at http://www.kdads.ks.gov/CSP/ParentFee/ParentFee_Index.html

Families who have a parent fee continue to pay the fee until the month following the conclusion of SED waiver services or until the month following the child's 18th birthday. With payment of the final bill, parents are asked to note on the statement the date the child's SED waiver closed or the date the child turned age 18. KDADS requires CMHCs to notify the parent fee program of the closure of an SED waiver.

If the parent fee is not paid, KDADS will not terminate SED waiver services, but is authorized to pursue collection from the parents, including legal action, if necessary.

Parents who fall behind on payments are encouraged to contact Parent Fee Program to work out a payment agreement plan. The Parent Fee Program e-mail address ParentFee@kdads.ks.gov.

Kansas Medical Assistance Plan (KMAP) Website

The Kansas Medical Assistance Program (KMAP) website provides information to Medicaid beneficiaries and providers. Authorized providers can access the secure website to inquire about claims and verify a waiver participant's eligibility for the SED Waiver. The waiver participant's eligibility screen lists the Program (e.g.: HCBS Severely Emotionally Disturbed), Effective Date, and End Date in the eligibility section and the client obligation (patient liability) in the LTC box above the eligibility screen.

SED Waiver Services

The six specific services provided under the SED Waiver are described on the following pages.

Parent Support and Training

Parent Support and Training is a service designed to benefit waiver participants experiencing a serious emotional disturbance who without waiver services would require state psychiatric hospitalization. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the participant. For the purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver or grant, and may include a parent, spouse, children, relatives, grandparents, or foster parents. Services may be provided individually or in a group setting. Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the child's individualized plan of care.

Components of Parent Support and Training

- Assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the waiver participant in relation to their mental illness and treatment;
- Development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for the waiver participant's symptom/behavior management;
- Assisting the family in understanding various requirements of the waiver or grant process, such as the crisis plan and plan of care process;
- Training on the waiver participant's medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures and regulations that impact the waiver participant while living in the community.

Provider Qualifications

- High school diploma or equivalent.
- Minimum 21 years of age.
- Preference is given to parents or caregivers of children with SED.
- Completion of Parent Support training according to a curriculum approved by KDADS within one year of hire
- Pass KBI, SRS child abuse check, adult abuse registry and motor vehicle screens

Allowed Modes of Delivery

- Family
- Group
- On-site
- Off-site
- Telephonic

Limitations/Exclusions

- Service requires prior authorization
- 1 FTE to 10 participants / families is maximum group size.
- Parent Support and Training will not duplicate any other Medicaid State Plan service or other services otherwise available to the recipient at no cost.

Additional Service Criteria

- Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record.
- Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.

Independent Living / Skills Building

Independent Living/Skills Building services are designed to assist waiver participants who are or will be transitioning to adulthood with support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to be successful in the domains of employment, housing, education, and community life and to reside successfully in home and community settings.

Components of Independent Living / Skills Building

- Independent Living/Skills Building activities are provided in partnership with waiver participants to help him or her arrange for the services needed to become employed, find transportation, housing, and continue their education.
- Services are individualized according to each waiver participant's strengths, interests, skills, goals as specified in the Plan of Care.
- It would be expected that Independent Living/ Skills Building activities take place in the community.
- This service can be utilized to train and cue normal activities of daily living and instrumental activities of daily living.
- Housekeeping, homemaking (shopping, child care, and laundry services), or basic services solely for the convenience of a waiver participant receiving independent living / skills building are not covered.
- The following are examples of appropriate community settings rather than an all inclusive list:
 - a grocery store to shop for food,
 - a clothing store to teach the participant what type of clothing is appropriate for interviews,
 - an unemployment office to assist in seeking jobs or assist the participant in completing applications for jobs,
 - apartment complexes to seek out housing opportunities, and
 - laundromats to teach the participant how to wash clothing.
- Other appropriate activities can be provided in other community setting as identified through the Plan of Care process.
- Transportation is provided between the participant's place of residence and other services sites or places in the community and the cost of transportation is included in the rate paid to providers of this service

Provider Qualifications

- High school diploma or equivalent.
- Minimum 21 years of age.
- Pass KBI, DCF child abuse check, adult abuse registry and motor vehicle screens.
- Completion of an approved training in the skills area(s) need by the transitioning youth according to a curriculum approved by KDADS prior to providing the service.

Allowed Modes of Delivery

- Individual
- On-site
- Off-site

Limitations/Exclusions

- Service requires prior authorization
- Independent Living / Skills Building will not duplicate any other Medicaid State Plan service or other services otherwise available to recipient at no cost.

Additional Service Criteria

- Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record.
- Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.

Short Term Respite Care

Short Term Respite Care provides temporary direct care and supervision for the participant. The primary purpose is to provide relief to families/caregivers of a participant with a serious emotional disturbance.

Components of Short Term Respite Care

- The service is designed to help meet the needs of the primary caregiver as well as the identified participant.
- Normal activities of daily living are considered content of the service when providing respite care, and these include:
 - support in the home, after school, or at night,
 - transportation to and from school, medical appointments, or other community-based activities,
 - and/or any combination of the above.
- Short Term Respite Care can be provided in an individual's home or place of residence or provided in other community settings.
- Other community settings include:
 - Licensed Family Foster Home
 - Licensed Crisis House
 - Licensed Emergency Shelter
 - Out-of-Home Crisis Stabilization House/Unit/Bed.
- Short Term Respite care can be provided in a group setting as long as the safety of the waiver participant is maintained.
- The cost of transportation is included in the rate paid to providers of these services.

Provider Qualifications

Allowed Modes of Delivery

- | | |
|--|-----------------------|
| • High school diploma or equivalent. | • Individual or group |
| • Minimum 21 years of age. | • On-site |
| • Completion of respite training according to the curriculum approved by KDADS prior to providing the service. | • Off-site |
| • Pass KBI, DCF child abuse check, adult abuse registry and motor vehicle screens. | |
| • Certification in: First Aid, CPR, Crisis Prevention / Management (example: Crisis Prevention Institute (CPI), Mandt, etc.) | |

Limitations/Exclusions

- Service requires prior authorization
- Short Term Respite Care may not be provided simultaneously with Professional Resource Family Care services. The service being provided at midnight is the service to be billed that day.
- Short Term Respite Care is not available to participants in foster care because that service is available through child welfare contractors. It can be provided to participants who are in DCF or JJA custody who are living at home. It can be provided to participants who are in DCF custody but who are living at home.
- Short Term Respite Care will not duplicate any other Medicaid State Plan service or other services otherwise available to recipient at no cost.

Additional Service Criteria

- Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record.
- Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.

Wraparound Facilitation

The function of the wraparound facilitator is to form the wraparound team consisting of the participant's family, extended family, and other community members involved with the participant's daily life for the purpose of producing a community-based, individualized Plan of Care. This includes working with the family to identify who should be involved in the wraparound team and assembly of the wraparound team for the Plan of Care development meeting.

Components of Wraparound Facilitation

- The wraparound facilitator guides the Plan of Care development process of the team to assure that waiver or grant rules are followed.
- The wraparound facilitator also is responsible for reassembling the team when subsequent Plan of Care review and revision are needed, at minimum on a yearly basis to review the Plan of Care and more frequently when changes in the waiver participant's circumstances warrant changes in the Plan of Care.
- The wraparound facilitator will emphasize building collaboration and ongoing coordination among the family, caretakers, service providers, and other formal and informal community resources identified by the family and promote flexibility to ensure that appropriate and effective service delivery to the waiver participant and family/caregivers.
- Facilitators will be certified after completion of specialized training in the wraparound philosophy, waiver/grant rules and processes, waiver/grant eligibility and associated paperwork, structure of the waiver participant and family team, and meeting facilitation.

Provider Qualifications

- Minimum of BA/BS degree or be equivalently qualified by work experience or a combination of work experience in the human services field and education with one year of experience substituting for one year of education.
- Completion of Wraparound Facilitation according to a curriculum approved by KDADS within 6 months of hire.
- Pass KBI, DCF child abuse check, adult abuse registry and motor vehicle screens.

Allowed Modes of Delivery

- Individual
- On-site
- Off-site

Limitations/Exclusions

- Service requires prior authorization
- Wraparound Facilitation is provided in addition to targeted case management to address the unique needs of waiver participants living in the community and does not duplicate any other Medicaid State Plan service or services otherwise available to the waiver participant at no cost.

Additional Service Criteria

- Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the waiver participant's medical record.
- Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.
- A QMHP can bill 30 minutes of Case Conference during a Wraparound Facilitation meeting.
- Entering information into Lucidity is not a reimbursable activity under Wraparound Facilitation

Professional Resource Family Care

Professional Resource Family Care is intended to provide short-term and intensive supportive resources for the waiver participant and his or her family. This service offers intensive family-based support for the waiver participant's family through the utilization of a co-parenting approach provided to the waiver participant in a surrogate family setting.

Components of Professional Resource Family Care

- The goal is to support the waiver participant and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time.
- During the time the professional resource family is supporting the waiver participant, there is regular contact with the family to prepare for the participant's return and his or her ongoing needs as part of the family.
- It is expected that the waiver participant, family and the professional resource family are integral members of the participant's individual treatment team.
- Transportation is provided between the waiver participant's place of residence and other services sites or places in the community, and the cost of transportation is included in the rate paid to providers of this services.

Provider Qualifications

- High school diploma or equivalent.
- Minimum 21 years of age.
- Completion of state approved training according to a curriculum approved by KDADS prior to providing the service.
- Pass KBI, DCF child abuse check, adult abuse registry, and motor vehicle screens. Family residence licensed by Kansas Department Health and Environment (KDHE).
- Certification in: First Aid, CPR, Crisis Prevention / Management (example: CPI, Mandt, etc.)

Allowed Modes of Delivery

- Individual
- On-site
- Off-site

Limitations/Exclusions

- Service requires prior authorization.
- Professional Resource Family Care may not be provided simultaneously with Short Term Respite Care services. The service being provided at midnight is the service to be billed that day.
- Professional Resource Family Care is not available to participants in out of home placement because that service is available through Child Welfare Contractors. It can be provided to participants who are in DCF or JJA custody but who are living at home. It may be provided to participants in Native American child welfare agencies if the service is not otherwise available.
- Professional Resource Family Care does not duplicate any other Medicaid State Plan service or service otherwise available to the waiver participant at no cost.

Additional Service Criteria

- Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the waiver participant's medical record.
- Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.

Attendant Care [§1915(c)]

Attendant Care is a service provided to waiver participants who would otherwise be placed in a more restrictive setting due to significant functional impairments resulting from an identified mental illness. This service enables the waiver participant to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness.

Components of Attendant Care

- Assistance is in the form of direct support, supervision and/or cuing so that the waiver participant performs the task by him/herself.
- Such assistance most often relates to performance of Activities for Daily Living and Instrumental Activities for Daily Living and includes assistance with maintaining daily routines and/or engaging in activities critical to residing in their home and community.
- Services should generally occur in community locations where the waiver participant lives, works, attends school, and/or socializes.
- Services provided at a work site must not be job tasks oriented.
- Services provided in an educational setting must not be educational in purpose.
- Services furnished to a waiver participant who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are non-covered.
- Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the waiver participant's individualized plan of care.
- Transportation is provided between the participant's place of residence and other services sites or places in the community, and the cost of transportation is included in the rate paid to providers of this services.

Provider Qualifications

- High school diploma or equivalent.
- Minimum 18 years of age and at least 3 years older than the youth.
- Completion of state approved training according to the curriculum approved by KDADS prior to providing the service.
- Pass KBI, DCF child abuse check, adult abuse registry, and motor vehicle screens.

Allowed Modes of Delivery

- Individual
- On-site
- Off-site

Limitations/Exclusions

- Services must be prior authorized.
- Attendant Care does not duplicate any other Medicaid State Plan Service or service otherwise available to the waiver participant at no cost.

One Waiver Service Monthly Requirement

In order to maintain SED waiver eligibility, waiver participants must receive at least one waiver service per month. The three KanCare managed care organizations monitor service provision to ensure at least one waiver service per month is provided to each waiver participant. After one month of no waiver service, outreach efforts should be made to the family to determine why a service was not received that month. Those efforts should be documented in the waiver participant's chart as well as in the "Notes" section of Lucidity. The SED waiver must be closed when a waiver service has not been provided to a waiver participant for two consecutive months.

Plans of Care

Plans of Care for SED Waiver participants must be developed by a wraparound team within 30 days of the date of signature on the FCAD. An exception to this rule is made when a child/youth is in an inpatient setting and the FCAD is signed during the child's inpatient stay. When this is the case, the date of discharge is considered the waiver start date, and Plans of Care must be developed within 30 days of discharge from the inpatient setting. The initial wraparound meeting must be held after the FCAD has been signed.

The purpose of the Plan of Care is to:

- Assess the waiver participant's individual strengths and needs.
- Develop goals and objectives based on the waiver participant's identified strengths and needs.
- Specify the services needed to accomplish those goals and objectives
- Identify the cost of those services.

Each center may develop its own Plan of Care document, provided it includes all the essential components as listed below:

- Identifying information including name, beneficiary ID, DOB, address/phone, parent/guardian name, contact information, and diagnosis
- Participation list: Including level of involvement, relationship to the waiver participant, and phone number. The participation list should include only those participants of the treatment team that participated in that particular review of the Plan of Care.
- Strengths and Needs Assessment: Each strength and need in each domain must be addressed. For example, if there are no legal issues, list "no legal issues" as strength in that domain rather than "N/A".
- Goals and Objectives: The goals and objectives should be measurable and reflect the strengths and needs of the waiver participant.
- Crisis Plan: The crisis plan should be thorough, including action steps, and person(s) responsible for each potential crisis. Each crisis plan must have triggers and action steps for crisis aversion, crisis resolution, and post-crisis follow-up.
- Budget page: Budgets should be completed for 3 months
- Signatures: If 5 or older, waiver participants should sign their Plans of Care, or documentation should exist to explain the absence of a signature. Such documentation may include a progress note, or a note on the signature line indicating the reason for a lack of signature. All participants shall sign and date the Plan of Care document signature page. The approved mental health professional is the QMHP.

Natural supports

The use of natural supports to the waiver participant and his/her family are highly encouraged when forming the wraparound team and developing the Plan of Care. Natural supports can include but are not limited to immediate and extended members, members of the community who provide support to the waiver participant and/or his or her family, and family friends.

Goals and Objectives

A key factor in developing an effective Plan of Care is to develop clear, measurable goals and objectives. The strengths and needs assessment provides the foundation for developing goals and objectives of the Plan of Care. It is important, therefore, that the waiver participant's strengths and needs be thoroughly identified.

Strengths and Needs Assessment

The following is a list of possible strengths that can be included in the strengths/needs assessment.

- Able to verbalize needs
- Belongs to several clubs
- Uses conflict resolution skills
- Passing all classes at school
- Remedies for difficulties
- Organizes well
- Responds well to incentives
- Gives/receives feedback
- Sensitive to other cultures
- Has a job
- Likes to help others
- Wants to accept responsibility
- Complete homework
- Able to use computer
- Uses negotiation skills
- Likes to participate at school
- Attends support group
- Learns from experiences
- Asks permission
- Able to complete chores
- Able to follow instructions
- Saves money for special purchases
- Able to keep monthly schedule
- Attends school regularly
- Able to dress appropriately
- Usually is prompt and on time
- Maintains positive work attitude
- Meets personal goals
- Tolerant when frustrated
- Able to meet new/appropriate friends
- Enjoys community service
- Obtained driver's license
- Works well with group of peers
- Active in his/her church
- Enjoys teamwork/is a team player
- Applies leadership skills
- Behavior appropriate to situation
- Enjoys leisure activities
- Handles disappointment without outbursts
- Enjoys organized games
- Enjoys field trips
- Provides homework help to siblings
- Uses anger management skills
- Respectful toward adults
- Is able to express love for family
- Social skills: appropriate conversation, respect, appropriate language, interaction with others
- Job interviewing/resume development skills

Crisis Plan

Each component of the Crisis Plan must be completed, including action steps, and person(s) responsible for each potential crisis. Each crisis plan must have triggers and action steps for crisis aversion, crisis resolution, and post-crisis follow-up. Below are some guidelines in developing effective crisis plans.

Effective crisis plans:

- Are developed before a crisis occurs
- Anticipate a crisis based on past behavior
- Plan to meet the needs of the whole family
- A crisis is a process with a beginning, middle and end. Plan a response with a beginning, middle, and end.
- A crisis plan is written and reviewed regularly.
- Crisis plans are modified as needed based on the changing needs of the family and waiver participant.
- Establish capacity for 24-hour crisis response
- Establish a clear measure of when the crisis is over
- Schedule a wraparound team meeting within three days following a crisis.

Electronic Plans of Care (ePOC)

In order to be reimbursed for waiver services, the CMHC must submit an electronic Plan of Care (ePOC) through Lucidity to receive prior authorization for payment. Services are be prior authorized through the ePOC. It is important that service provision closely follows the number of services and units that are prior authorized. As the need for service provision changes, prior authorization of units and services should also change. The ePOC, or budget, is a reflection of the actual projected 90 day Plan of Care waiver services. Please do not request more services and/or units than is projected to be needed.

- The units and services on the ePOC should reflect the total units and services requested for the 90 days covered by the corresponding Plan of Care.
- The effective date of the ePOC should match the effective date of the corresponding Plan of Care.
- The review date is the date that the Plan of Care was reviewed by the wraparound team.

Electronic Plan of Care Crisis Budget

The ePOC must contain a crisis budget for the services that are anticipated to be provided in the event of a crisis and during the post-crisis follow-up by the CMHC.

- The crisis budget is accessed with a button on the budget page of Lucidity. The crisis budget will have the same beginning and end dates as the Plan of Care budget.
- Services and units for both crisis services and post-crisis follow-up services must be entered into Lucidity. Each section will have a checkbox to indicate if that the Plan of Care accounts for the services with non-waiver supports and services. Each section will require at least one service to be selected or the checkbox marked. The page will allow both entries for each section; services can be selected and the checkbox can be checked.

- At the 90 day reviews or when updates are entered into Lucidity and services are copied to a new date range, the crisis and post-crisis follow-up services will be copied as well. The CMHC will have to check a checkbox to verify that they have reviewed the crisis budget and either the planned services have not changed or have been updated.

60 day Rule

The initial ePOC must be submitted within 60 calendar days of the signature date for the FCAD.

- The initial ePOC services and units are obtained from the initial Plan of Care.
- If the ePOC is not submitted within 60 calendar days, authorization for payment will start 60 calendar days before the date it was submitted. For example, if the signature date for the FCAD is 2/2/09, and the ePOC is submitted 5/10/09, the authorization will start on 3/11/09.

The 60 day rule may be waived if financial eligibility is not established within 60 calendar days due to a reason outside the control of the CMHC.

- The 3160 should be sent to the local DCF office within 15 calendar days of the the signature date for the FCAD to allow DCF 45 days to process the 3160.
- Unless there is a well documented reason for not in sending the 3160 to DCF within 15 calendar days, the 60 day rule will apply.
For example, the signature date for the FCAD is 5/1/09 and the 3160 was sent to DCF on 5/12 (within 15 days). DCF did not determine financial eligibility until 7/30/09 (more than 60 days after the signature date for the FCAD). The 60 day rule will not apply as long as the initial ePOC is submitted by 8/13/09. If the CMHC did not send the 3160 until 5/30/09, and DCF determines eligibility 7/30/09, the 60 day rule still applies (unless the delay is well documented) because the 3160 was not sent in a timely manner.

Plan of Care Reviews

The Plan of Care must be reviewed and wraparound facilitation must be provided at least every 90 calendar days with the waiver participant and/or parent/guardian.

- This cycle may not correspond exactly with your 90 day treatment plan reviews for Medicaid.
- The date you review the Plan of Care with the waiver participant and/or parent/guardian restarts the 90-day review cycle.

If a private provider is furnishing outpatient mental health services to the waiver participant, it would be ideal for the private provider to be a member of the wraparound team. If this is not possible, the wraparound facilitator should consult with the private provider on a quarterly basis to review the treatment plan and for coordination of care. This coordination/consultation can be accomplished through phone calls, encrypted e-mails, and/or letters.

After every Plan of Care review, whether a scheduled review or a review due to a change in the waiver participant's needs, the resulting ePOC should be submitted to Lucidity. The effective date of the ePOC is the date the services on the budget are to be effective with the exception of the initial budget, which should be dated the same as the date the Family Choice Assurance Document is signed. Since the budget is a component of the Plan of Care, it should follow the Plan of Care date. The date the parent/guardian signs the Plan of Care is considered the review date.

The Overdue Budget Report in Lucidity lists any budget that has not been reviewed within 90 days. This report is calculated based on the review date of the most recent budget. Each center may view this report on a regular basis to ensure that Plans of Care are reviewed. The ePOC must be closed if the center no longer provides waiver services to the waiver participant.

Annual Eligibility Reviews

Eligibility for continued SED Waiver services must be reviewed annually. The annual eligibility evaluation is completed by a QMHP and documented on the SED Waiver Annual Evaluation of Level of Care form. The waiver participant's functioning over the past six months is to be considered when completing the review.

SED Waiver participants must meet face-to-face with the QMHP at the annual review time to determine if the Waiver participant remains eligible for SED Waiver services. The annual review must occur before the annual wraparound team meeting is held.

The annual wraparound team meeting and review of the Plan of Care should be conducted with the full wraparound team. The annual wraparound team meeting must occur at least ten calendar days prior to the end of month of the FCD date to ensure the Notice of Action is sent timely to the family.

A 3161 form indicating the results of the annual review is completed by a CMHC representative and sent to the local DCF office. DCF financial documents are completed by the family and sent to the local DCF office. If the family fails to complete the financial paperwork in a timely fashion, DCF will close the waiver financial case and SED Waiver services must be terminated.

Reimbursement for waiver services will not be authorized for the next benefit year until the annual review is completed and the ePOC is submitted. When the annual review budget is entered into Lucidity, marking the annual review button will indicate the QMHP has completed the annual level of care review, the waiver participant continues to meet criteria, and the wraparound meeting has been held. If an annual review budget is entered and the Waiver participant loses financial eligibility the CMHC should be contacted and the budget should be deleted by the CMHC who entered it.

Transfers

If a waiver participant is transferring services to a different CMHC, the waiver case should be transferred to ensure continuity of care. It is important that the transferring and receiving centers coordinate care during the transfer to ensure the one waiver service per month requirement is maintained. If it is the family's choice to transfer to a CMHC outside of their catchment area, the family is responsible to travel to the CMHC outside their catchment area for services. If the transfer results in the family receiving no waiver service for two months, clinical eligibility should be re-established by the receiving CMHC. If the Waiver participant does not meet clinical eligibility requirements or the family chooses to not reassess then the Waiver participant should be closed. A 3161 will need to be sent identifying the reason for closure is loss of clinical eligibility due to not receiving a waiver service for over two months.

A receiving center is expected to begin providing waiver services immediately.

Responsibilities of the Transferring CMHC

It is strongly encouraged that every CMHC receiving a waiver transfer case check KMAP to verify the waiver participant has been approved for the SED Waiver. The following are the steps the transferring center should take when a waiver participant is transferring services to a new CMHC.

1. When the parent/guardian provides notification of their intent to move, the transferring center should ask the family if they wish to continue to receive HCBS services in their new location.
 - A) If the family wishes to continue services, send a 3161 form to DCF as a transfer and send a same day Notice of Action to the family.
 - B) If the family does not wish to continue services, the SED Waiver case must be closed. Complete the 3161 form terminating services and send it to DCF. Close the ePOC out in Lucidity, and send a Notice of Action 10 days before closing the case.
2. Have the parent(s)/guardian(s) sign a Release of Information form for the receiving CMHC.
3. Notify the receiving CMHC that the family will be transferring to their CMHC.
 - A) Provide the following documentation:
 1. Family Choice Assurance Document
 2. Initial Clinical Eligibility form
 3. Approval letter for age and/or CBCL Exception, if applicable
 4. The most recent Annual Evaluation of Level of Care form
 5. The most recent Plan of Care
4. Coordinate the ePOC closure date and the effective date of the first budget with the transferring center to ensure the dates do not overlap.
5. SED Waiver cases should always be transferred rather than closed. SED Waiver eligibility is portable; eligibility moves as the participant moves. Conducting a new assessment of a waiver participant for services results in a delay in service provision and is not advised. Coordination regarding the last waiver service provided and date of the ePOC closure are inherent to the transfer process. In addition, coordination of the ePOC closure date and the receiving CMHC's first budget is important to ensure the dates do not overlap.
6. Document the efforts taken to facilitate a smooth transfer.

Responsibilities of the Receiving CMHC

The receiving CMHC assumes complete responsibility for maintaining the SED waiver for transferring waiver participants. This includes maintaining records regarding the establishment and maintenance of initial clinical eligibility. If the CMHC receives a transfer case, the receiving CMHC is responsible for outreach to the waiver participant and family to engage them in services. If the waiver participant and family does not follow through or cannot be contacted after several attempts at contact are made, the receiving CMHC should close the waiver case.

If the receiving CMHC has been notified that a waiver participant has moved or is moving to their area, please follow the steps below:

1. Contact the waiver participant and his or her family to determine if continued SED Waiver services are necessary or desired.
 - A. If yes, meet with the waiver participant and his or her family to initiate services.
 - B. If no, contact the previous CMHC for coordination of SED Waiver closure.

There are instances when a waiver participant and his or her family moves without advance notice and presents at the receiving CMHC without prior notice. Coordination with the former CMHC should occur in these cases. The

following are the steps the new center should take when a waiver participant is transferring services to a new CMHC without prior notice.

1. Have the parent(s)/guardian(s) sign a Release of Information form for the former CMHC
2. Notify the former CMHC that a current waiver participant and his or her family has contacted the CMHC in the waiver participant's new catchment area and request the following documentation:
 - A. Family Choice Assurance Document
 - B. Initial Clinical Eligibility Form
 - C. Approval letter for age and/or CBCL Exception, if applicable
 - D. The most recent Annual Evaluation of Level of Care form
 - E. The most recent Plan of Care
3. If the new CMHC is unable to obtain the above documentation from the former CMHC after several documented attempts, clinical eligibility must be re-established. Re-establishment of clinical eligibility is to be used only as a last resort. SED Waiver cases should always be transferred rather than closed. SED Waiver eligibility is portable; eligibility moves as the participant moves. Conducting a new assessment of a waiver participant for services results in a delay in service provision and is not advised. Coordination regarding the last waiver service provided and date of the ePOC closure are inherent to the transfer process. In addition, coordination of the ePOC closure date and the receiving CMHC's first budget is important to ensure the dates do not overlap.
4. Document the efforts taken to facilitate a smooth transfer. Coordinate the ePOC closure date and the effective date of the first budget with the transferring center to ensure the dates do not overlap.

More Than One Center Providing Waiver Services to a Waiver Participant

There are times when a waiver participant has a case open at more than one center. This might occur if a waiver participant is visiting a parent or relative for the summer, or receiving services at a school in one location, and at home in a different location.

For cases when the waiver participant is visiting a parent/relative for the summer, he or she must continue to receive at least one waiver service each month in order for the waiver to remain open. It is assumed that if a waiver participant goes to another parent's/ relative or other person's home for the summer (out of that center's catchment area) he or she continues to meet the eligibility requirements and will continue to need monthly services.

Steps for two CMHC's sharing waiver service provision:

1. Thorough coordination must occur between the two centers providing waiver services. The CMHC who is the holder of the Plan of Care or "primary provider" would identify the service(s) to be provided by the collaborating CMHC and assign them to that agency on the budget in the Lucidity database. MCOs will create an authorization plan for payment for both CMHC's.
2. The primary CMHC is responsible for all required paperwork regarding the Waiver participant's SED Waiver clinical eligibility.

Collaborating CMHC's should not develop and maintain a separate Plan of Care for the waiver participant if the following conditions are met:

- Both CMHC's medical records contain clear documentation of the plan for this type of coordination. (For example, a brief written agreement or memorandum of understanding.)

- Both CMHC's medical records contain ongoing documentation evidencing coordination of care. (For example, progress notes, documented phone calls or other correspondence.)
- The primary CMHC's medical record clearly evidences that a QMHP from the collaborating CMHC is an active, participating waiver participant of the wraparound team.
- The Plan of Care clearly evidences the participation and involvement of the collaborating QMHP during Plan of Care development, to include signature.
- The collaborating CMHC maintains a current copy of the Plan of Care.
- The collaborating CMHC provides only those services identified on the Plan of Care.

Further, in cases where the above conditions are met, the collaborating CMHC's would not need to complete a new admission assessment (i.e. "intake"), provided the following:

- The collaborating CMHC concurs with the content of the admission assessment, including the diagnosis and subsequent diagnostic updates.
- The collaborating CMHC maintains a copy of the admission assessment and any subsequent assessments.
- Both CMHC's medical records contain clear documentation that the collaborating CMHC will be basing their clinical decisions, to include assuming clinical and claims-related responsibility, on the information contained within the primary CMHC's admission assessment.

If there is a disagreement between the CMHC's regarding the admission evaluation, the two CMHC's will be expected to work together to define the Waiver participant's clinical picture.

In the event that both the Primary CMHC and the Collaborating CMHC are to provide the same Waiver specific service, please follow the instructions below:

- The primary CMHC will assign the shared service to the collaborating CMHC on the budget.
- The primary CMHC will enter a note in the Notes section of Lucidity to provide documentation of the number of units that will be provided by the primary CMHC and the collaborating CMHC.
- Based on the information provided in the notes section, an authorization plan will be entered for the collaborating CMHC for claims payment.
- It is important that both participating CMHC's keep an open and active line of communication to ensure the waiver participant's needs are met.

SED Waiver Closure

The following are reasons for closing SED Waiver services:

- **Loss of clinical eligibility:** A waiver participant loses clinical eligibility for waiver services at any point where he or she no longer meets the Level of Care standard for the waiver. Loss of clinical eligibility may occur at the annual review or earlier if there is evidence the waiver participant is no longer at risk of state hospitalization. A Notice of Action must be sent at least 10 days in advance of closure.
- **Change in medical condition:** The presence of a medical condition that prevents participation in, or the appropriateness of, community-based mental health services. Such a change in the level of medical care must be documented by the waiver participant's physician. A Notice of Action may be sent the same day as closure.
- **A written and signed statement indicating family/youth choice:** Circumstances around such a choice will be carefully reviewed with the parent or guardian by the SED Waiver service provider, and documented in the

clinical record. A Notice of Action may be sent the same day as closure.

- **Maximum age:** A youth who reaches their 22nd birthday is no longer eligible for SED Waiver services. A Notice of Action must be sent at least 10 days in advance of closure.
- **Probable fraud and/or abuse:** The agency has facts indicating that action should be taken because of probable fraud by the waiver participant, and the facts have been verified, if possible, through secondary sources. A Notice of Action must be sent at least 5 days in advance of closure.
- **Death of beneficiary:** A Notice of Action may be sent the same day as closure.
- **Transfer to another CMHC:** When a waiver participant moves out of Kansas, he or she is no longer eligible for SED Waiver services. In cases of transfer to a different CMHC, it is acceptable for the required Notice of Action to be sent the same day. If the waiver participant moves to another CMHC in Kansas, the ePOC should be closed. The waiver financial and clinical eligibility coverage is portable and should remain open and transfer to the new CMHC. A Notice of Action may be sent the same day as closure.
- **Institutional Placement:** Medicaid rules state that if a waiver participant is admitted to any inpatient or institutional setting for more than 30 days, the waiver must be closed as the waiver participant is no longer considered to be living in a community setting and is therefore ineligible for home and community based services.
- **Not receiving one waiver service a month:** A Waiver participant must have at least one waiver service a month to stay on the SED Waiver. A Notice of Action must be sent at least 10 days in advance of the closure.
- **Loss of financial eligibility:** The waiver participant and/or his or her family does not return the annual financial review form or the waiver participant no longer meets the financial criteria because of an increased income. A Notice of Action must be sent 10 days in advance of the closure.
- **Beneficiary's address unknown:** The waiver participant's whereabouts are unknown and the post office returns agency mail directed to him or her indicating no forwarding address. A Notice of Action may be sent the same day as closure.
- **Lack of Cooperation:** This reason should only be used if the following criteria have been met and are documented in the Waiver participant's medical record:
 - Efforts to engage the waiver participant in services and the treatment planning process are not successful.
 - Efforts to identify possible barriers to treatment. These barriers could include location of services, time of services, interpersonal issues with staff, lack of progress in treatment, and barriers related to the family's mental health or substance related issues. Any barriers to treatment must be explored and addressed with the waiver participant and/or his or her family before closure of the waiver can occur.
 - Documented outreach must occur multiple times with different kinds of outreach, including visits to the home, by letter, by email if applicable, and telephonically.

Lucidity Information

Provider tips for utilizing Lucidity:

- Lucidity is a web-based application and operates differently than downloaded computer applications. Each CMHC has at least one Lucidity log in name and password.
- Lucidity is currently maintained by Kansas Health Solutions. Please contact Kansas Health Solutions at KHSsupport@kansashealthsolutions.org if a change needs to be made to Lucidity data that the center is not able to make manually.
- When entering data in the waiver system, do not use the browser back button in the upper left hand corner of the screen. If the browser back button is used to return to the previous page and the “Save” button is then used again, duplicate entries will be made. Instead, click the “Back” button located near the bottom of the Lucidity the page to return to the Waiver participant page.
- When entering data and then clicking “Save”, the data entered on that page will be saved unless an error message shows that some required data hasn’t been entered or some of the data is invalid.
- **For security purposes, user information will be cleared after twenty minutes with no activity and another login will be required.** If the session is interrupted and another login required, return to the waiver participant search page and start the entry again. The previously saved data will be available.
- To close Lucidity when finished with data entry, close the browser window by clicking the “X” in the upper right hand of the window.
- Budget and assessment information will be available for viewing only by the centers that enter the data.
- A / or – is needed between numbers for dates, phone numbers, and SSN. For single digits of months and days, a 0 is not needed before the number (i.e. 785-555-5555 or 1/2/08).
- Data can be edited by clicking on the “edit” button, then clicking the “save” button after making changes.
- Any existing budget can be edited for up to 30 days.
- A history of all budgets will be available.

Searching for a waiver participant in Lucidity

This is the Member Search page from Lucidity. Enter one or more of the search criteria:

SSN and/or

Medicaid ID and/or

First and Last Name and Birth date

From this page, the reports for each CMHC may be accessed.

Waiver Programs

Member Search

Member Search Page

TEST

Welcome, Test Provider 1!

Social Security Number: (Enter without dashes)

OR Medicaid ID:

OR eCura Member ID:

OR Name (First, Last):

and Birthdate:

Select Program for Member: ☐ SED Waiver ☐ PRTF CBA Grant

Search and Report buttons

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Enter the waiver participant’s identifying information.

Choose the appropriate program.

Click “Search”

Waiver Programs

Member Search

TEST

Welcome, Test Provider 1!

Social Security Number: 123123123 (Enter without dashes)

OR Medicaid ID:

OR eCura Member ID:

OR Name (First, Last): and Birthdate:

Select Program for Member: ☐ SED Waiver ☐ PRTF CBA Grant

Search

Reports

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

This is the Member Information page.

The bottom of the screen contains buttons for each of the data collections necessary for a completed authorization.

SED Waiver

Program

Member Information

Member SSN: 123-12-3122 Medicaid ID: 00123123122 Waiver Eligibility Dates: Dates not entered

This member is available for entry for the SED Waiver Program.

Name: SED Testcases Date of Birth: 02/15/2002

eCura ID:

Eligibility:

Effective End Date

Select

Click the appropriate button to enter or view information. Clicking the “Back” button will take you back the Member search page.

Budget CAFAS CBCL Notes Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

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Entering an initial budget

Click the “budget” button identified on the previous screen shot.

- Enter the Family Choice Date (FCD) and Clinical Eligibility Date. The Clinical Eligibility Date is usually the date the Initial Clinical Eligibility form is signed but in case of an eligibility exception request, the clinical eligibility date is the date the letter approving the request is signed by KDADS central office.
- Enter the effective date of the budget.
- The review date is the date the Plan of Care was reviewed with the waiver participant and parent/guardian.
- For the initial and annual review budgets, the review date is the date the parent/guardian signs the Plan of Care.
- Enter the name of the person to contact with questions about the budget and that person’s phone number.
- The Compliance FCD will only need to be completed if a new FCAD was signed as a result of a 15-day letter.

The screenshot shows the 'SED Waiver Budget' form. The header is blue with 'SED Waiver' in white and 'Budget' in yellow. The form fields are as follows:

Name:	SED Testcases	Medicaid ID:	00123123122	Waiver Eligibility Dates:	Dates not entered
SSN:	123-12-3122				
Family Choice Date:	<input type="text"/>	Compliance FCD:	<input type="text"/>		
Clinical Eligibility Date:	<input type="text"/>				
Effective Date:	<input type="text"/>				
Review Date:	<input type="text"/> (Can be same as Effective Date)				
Entered by Name:	<input type="text"/>	Phone Number:	<input type="text"/>		

At the bottom left are 'Save' and 'Back' buttons. At the bottom right are 'Created:' and 'Last Updated:' labels. A green footer bar contains contact information: 'Kansas Health Solutions - Care Management: 1.877.642.9283', 'For technical support: KHSsupport@kansashealthsolutions.org', and 'HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471'.

A callout box points to the 'Compliance FCD' field with the text: 'The Compliance FCD is not required upon initial entry. It is only used as in the situation listed above.'

Information entered for initial budget.

The screenshot shows the 'SED Waiver Budget' form with sample data entered. The header is blue with 'SED Waiver' in white and 'Budget' in yellow. The form fields are as follows:

Name:	SED Testcases	Medicaid ID:	00123123122	Waiver Eligibility Dates:	Dates not entered
SSN:	123-12-3122				
Family Choice Date:	3-15-11	Compliance FCD:	<input type="text"/>		
Clinical Eligibility Date:	3-11-11				
Effective Date:	3-15-11				
Review Date:	4-11-11 (Can be same as Effective Date)				
Entered by Name:	Ima Oberworkt	Phone Number:	785-123-4567		

At the bottom left are 'Save' and 'Back' buttons. At the bottom right are 'Created:' and 'Last Updated:' labels. A green footer bar contains contact information: 'Kansas Health Solutions - Care Management: 1.877.642.9283', 'For technical support: KHSsupport@kansashealthsolutions.org', and 'HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471'.

A callout box points to the 'Save' button with the text: 'Click “Save”'.

Once “save” is clicked the budget units may be entered. All waiver services are listed. Since budgets are for three month periods of time, indicate the units to be provided for three months in the field next to the services. If the field is left blank, or if a zero is entered, it will **not** be added to the budget. The total three month budget automatically calculates and displays above the services.

Editing to the units can be made by clicking the “Edit” button next to the service. Once the change is made, click the “Update” button next to the service and the budget will recalculate. Services may be deleted by clicking the “Delete” button next to the service. Services may be added by clicking the “Add a Service” button. Click the “Save” button. Click the “Back” button when the budget is complete. Please see “Steps to editing a service on a Waiver participant’s Budget” section.

Once the budget is complete, edits to the budget can be made for up to 30 calendar days.

SED Waiver
Budget

Name: SED Testcases Medicaid ID: 00123123122 Waiver Eligibility Dates: Dates not entered
SSN: 123-12-3122

Not Processed

Family Choice Date: 03/15/2011
Clinical Eligibility Date: 03/11/2011
Effective Date: 03/15/2011
Review Date: 04/11/2011 (Can be same as Effective Date)
Entered by Name: Ima Oberworkt Phone Number: 785-123-4567

Total Budget Amount: \$ 0.00

Units	Code	Service	Unit	Rate
<input type="text"/>	T1019-HK	Attendant Care	15 Mins	6.00
<input type="text"/>	S5110	Parent Support, Education, and Training Individual	15 Mins	10.00
<input type="text"/>	S5110-TJ	Parent Support, Education, and Training Group	15 Mins	3.00
<input type="text"/>	S9485	Professional Resource Family Care	Day	138.00
<input type="text"/>	H2021	Wrap Around Facilitation	15 Mins	20.00
<input type="text"/>	S5150	Short Term Respite Care	15 Mins	6.00
<input type="text"/>	T2038	Independent Living/Skills Building	Hour	40.00

Created: 06/08/2011 By: Tester 1
Last Updated: 06/08/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283

Must be fully completed and **saved**. Otherwise, the budget will not be finished and will be **deleted**.

After “Save” is clicked, on the screen will be the completed budget with the “Not Processed” status, and a message that the Crisis Budget has not been completed.

Click the “Crisis Budget” button to complete the budget.

SED Waiver

Budget

Name: SED Testcases Medicaid ID: 00123123122 Waiver Eligibility Dates: Dates not entered
SSN: 123-12-3122

Not Processed

Family Choice Date: 03/15/2011

Clinical Eligibility Date: 03/11/2011

Effective Date: 03/15/2011

Review Date: 04/11/2011 (Can be same as Effective Date)

Entered by Name: Ima Oberworkt

Phone Number: 785-123-4567

Total Budget Amount: \$ 1386.00

Crisis Budget entry has not been completed.

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
S5110	Parent Support, Education, and Training Individual	12	15 Mins	10.00	120.00		Tester 1
S5110-TJ	Parent Support, Education, and Training Group	6	15 Mins	3.00	18.00		Tester 1
H2021	Wrap Around Facilitation	12	15 Mins	20.00	240.00	Y	Tester 1
S5150	Short Term Respite Care	72	15 Mins	6.00	432.00		Tester 1

Created: 06/08/2011 By: Tester 1
Last Updated: 06/08/2011 By: Tester 1

[Edit](#) [View History](#) [End ePOC](#) [Crisis Budget](#) [Back](#)

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Crisis Budget button

Entering an Initial Crisis and Post Crisis Budget

Just as with the 3-month budget, indicate the number of units of waiver services for the 3-month Plan of Care that are allotted for Crisis and Post Crisis Follow-up.

The crisis budget and the post crisis follow-up budget can identify one of three scenarios:

- 1) Only SED Waiver specific services will be provided,
- 2) Only non-waiver services will be provided or,
- 3) If waiver services and non waiver services are one the crisis or post crisis budget it is sufficient to only list the waiver services.

Click “Save”.

SED Waiver

Crisis Budget

Name: SED Testcases

Medicaid ID: 00123123122

Waiver Eligibility Dates: Dates not entered

SSN: 123-12-3122

Family Choice Date: 03/15/2011

Effective Date: 03/15/2011

Crisis

☐ Providing non-waiver Crisis supports and services

Units	Code	Service	Unit	Rate	
<input type="checkbox"/>	T1019-HK	Attendant Care	15 Mins	6.00	
<input type="checkbox"/>	S5110	Parent Support, Education, and Training Individual	15 Mins	10.00	
<input type="checkbox"/>	S5110-TJ	Parent Support, Education, and Training Group	15 Mins	3.00	
<input type="checkbox"/>	S9485	Professional Resource Family Care	Day	138.00	
<input type="checkbox"/>	H2021	Wrap Around Facilitation	15 Mins	20.00	
<input type="checkbox"/>	S5150	Short Term Respite Care	15 Mins	6.00	
<input type="checkbox"/>	T2038	Independent Living/Skills Building	Hour	40.00	

Post Crisis Follow-up with CMHC

☐ Providing non-waiver Post Crisis supports and services

Units	Code	Service	Unit	Rate	
<input type="checkbox"/>	T1019-HK	Attendant Care	15 Mins	6.00	
<input type="checkbox"/>	S5110	Parent Support, Education, and Training Individual	15 Mins	10.00	
<input type="checkbox"/>	S5110-TJ	Parent Support, Education, and Training Group	15 Mins	3.00	
<input type="checkbox"/>	H2021	Wrap Around Facilitation	15 Mins	20.00	

Save Back

Created:
Last Updated:

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

This screen shot is an example of a completed crisis budget and post crisis follow-up budget.

- The crisis budget identifies that only non-waiver services will be provided during a crisis.
- The post crisis budget identifies that non-waiver services and a waiver specific service (wraparound) will be provided during the follow-up of a crisis. The checkbox “Providing non-waiver supports and services” includes any and all non-waiver services. The box is checked regardless of the number of non-waiver services identified on the Plan of Care for crisis services and/or post crisis follow-up.

SED Waiver

Crisis Budget

Name:SED Testcases

SSN:123-12-3122

Family Choice Date:03/15/2011

Medicaid ID: 00123123122

Effective Date: 03/15/2011

Waiver Eligibility Dates: Dates not entered

Crisis

☒ Providing non-waiver Crisis supports and services

Post Crisis Follow-up with CMHC

☒ Providing non-waiver Post Crisis supports and services

Services:

Service	Description	Qty	Unit	Rate	Service Total
H2021	Wrap Around Facilitation	6	15 Mins	20.00	120.00

Created: 05/08/2011 By: Tester 1

Last Updated: 05/08/2011 By: Tester 1

Edit

Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Click the back button once the crisis budget and post crisis follow-up budget have been saved.

Entering the CAFAS scores

Choose the “CAFAS” button on the Member Information page.

Indicate the assessment date and use the radio buttons to indicate the appropriate scores.

Click Save.

SED Waiver

CAFAS Assessment - Subscale Scores

Name: SED Testcases Medicaid ID: 00123123122 Waiver Eligibility Dates: Dates not entered

SSN: 123-12-3122

Assessment Date:

Subscale Scores from CAFAS Total of Subscale Scores:

School/Work Role Performance score	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Home Subscale Role Performance	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Community Subscale Role Performance	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Behavior Toward Others	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Moods/Emotions Subscale	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Self-Harmful Behavior Subscale	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Substance Use	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Thinking	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0

Created: _____
Last Updated: _____

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

The CAFAS administration date and scores will be reviewed to ensure they are within waiver guidelines.

SED Waiver

CAFAS Assessment - Subscale Scores

Name: SED Testcases Medicaid ID: 00123123122 Waiver Eligibility Dates: Dates not entered

SSN: 123-12-3122

Assessment Date: 03/10/2011

Subscale Scores from CAFAS Total of Subscale Scores: 110

School/Work Role Performance score	<input checked="" type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Home Subscale Role Performance	<input type="radio"/> 30 <input checked="" type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Community Subscale Role Performance	<input type="radio"/> 30 <input checked="" type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Behavior Toward Others	<input type="radio"/> 30 <input checked="" type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Moods/Emotions Subscale	<input type="radio"/> 30 <input checked="" type="radio"/> 20 <input type="radio"/> 10 <input type="radio"/> 0
Self-Harmful Behavior Subscale	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input checked="" type="radio"/> 0
Substance Use	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input checked="" type="radio"/> 0
Thinking	<input type="radio"/> 30 <input type="radio"/> 20 <input type="radio"/> 10 <input checked="" type="radio"/> 0

Created: 06/08/2011 By: Tester 1
Last Updated: 06/08/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Entering the CBCL scores

Choose the “CBCL” button on the Member Information page.

Indicate the assessment date and use the radio buttons to indicate the appropriate scores.

- If the T-score is a 3 digit number, enter” 99” and place a note in the Notes section indicating the score is actually 100.

SED Waiver uses the T-scores as indicated on the CBCL score sheet.

SED Waiver
CBCL Assessment - Subscale Scores

Name: SED Testcases Medicaid ID: 00123123122 Waiver Eligibility Dates: Dates not entered
SSN: 123-12-3122
Assessment Date:

T-Scores
(2 digits OR NC=Not Computed)

☐ T-Score on Total Problem Scale
☐ T-Score on Internalizing Scale
☐ T-Score on Externalizing Scale

Click “Save”

Created:
Last Updated:

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

The CBCL administration date and scores will be reviewed to ensure they are within waiver guidelines.

SED Waiver
CBCL Assessment - Subscale Scores

Name: SED Testcases Medicaid ID: 00123123122 Waiver Eligibility Dates: Dates not entered
SSN: 123-12-3122
Assessment Date: 03/01/2011

T-Scores
(2 digits OR NC=Not Computed)

☐ T-Score on Total Problem Scale
☐ T-Score on Internalizing Scale
☐ T-Score on Externalizing Scale

70
69
71

Created: 06/08/2011 By: Tester 1
Last Updated: 06/08/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Entering a Note in Lucidity

Choose the “Notes” button on the Member Information page.

Enter information as necessary.

Click Save.

SED Waiver

Member Notes

Name: SED Testcases

Medicaid ID: 00123123122

Waiver Eligibility Dates: Dates not entered

SSN: 123.12-3122

History: There are no notes for this member.

Note:

Entered by:

(initials or name)

Save

Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Notes entered into Lucidity

SED Waiver

Member Notes

Name: Testin McTestor

Medicaid ID: 00100500555

Waiver Eligibility Dates: 05/25/2011 - Open

SSN: 555-55-5555

Note	Entered	Entered by	User Name
Yes it is. Checking the notes section should be a part of your routine when entering a budget.	08/17/2011	Tina Davis	Care Management
Is this where I enter notes?	08/16/2011	Ima Oberworkt	Test Provider 1

Note:

Entered by:

(initials or name)

Save

Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver Eligibility not showing in Lucidity

This is a budget that does not have financial eligibility attached to it.

When a budget has been entered and the Waiver Eligibility Date lists “Dates not entered”, this means that the SED Waiver eligibility has not yet been established and/or downloaded into Lucidity.

- Check KMAP for SED Waiver coverage
- If the waiver participant is showing SED Waiver coverage in KMAP and but is not listed in Lucidity, contact the managed care organization associated with the waiver participant/family.

SED Waiver

Budget

Name: SED Testcases Medicaid ID: 00123123122 Waiver Eligibility Dates: Dates not entered

SSN: 123-12-3122

Not Processed

Family Choice Date: 03/15/2011

Clinical Eligibility Date: 03/11/2011

Effective Date: 03/15/2011

Review Date: 04/11/2011 (Can be same as Effective Date)

Entered by Name: Ima Oberworkt Phone Number: 7

Total Budget Amount: \$ 1386.00

If eligibility has not been received from DCF/EDS this message will be displayed.

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
S5110	Parent Support, Education, and Training Individual	12	15 Mins	10.00	120.00		Tester 1
S5110-TJ	Parent Support, Education, and Training Group	6	15 Mins	3.00	18.00		Tester 1
H2021	Wrap Around Facilitation	12	15 Mins	20.00	240.00	Y	Tester 1
S5150	Short Term Respite Care	72	15 Mins	6.00	432.00		Tester 1

Created: 05/08/2011 By: Tester 1
Last Updated: 05/08/2011 By: Tester 1

Edit View History End ePOC Crisis Budget Back

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

This is the budget page showing an approved SED Waiver budget.

The buttons at the bottom of the budget page may be used to view the history of the budgets entered by your agency, copy the budget, view the crisis budget or end the ePOC.

When eligibility is available and the budget and the qualifying assessment scores are completed, the budget may be approved, as indicated on the status in red. The budget may be edited if necessary for up to 30 days.

**This screen is of an initial budget. The Reason for Review is not indicated until this budget is copied.

SED Waiver
Budget

Name: Testin McTestor Medicaid ID: 00100500555 Waiver Eligibility Dates: 05/25/2011 - Open
SSN: 555-55-5555
Approved

Family Choice Date: 05/25/2011
Clinical Eligibility Date: 05/24/2011
Effective Date: 05/25/2011
Review Date: 06/01/2011 (Can be same as Effective Date)
Entered by Name: Ima Oberworkt Phone Number: 785-123-4567

Total Budget Amount: \$ 30920.00

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	5000	15 Mins	6.00	30000.00		Tester 1
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
S5150	Short Term Respite Care	100	15 Mins	6.00	600.00		Tester 1

Created: 08/16/2011 By: Tester 1
Last Updated: 08/17/2011 By: Tina Davis

[Edit](#) [View History](#) [Copy Budget](#) [End ePOC](#) [Crisis Budget](#) [Back](#)

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

The buttons at the bottom of the budget page may be used to view other budgets, copy the budget, view the crisis budget, or end the ePOC.

All budgets entered by a CMHC may be viewed.

Click “Select” to view the details of any budget that has been entered by the CMHC.

SED Waiver

Budget

Name:Testin McTestor

SSN:555-55-5555

Family Choice Date:05/25/2011

Clinical Eligibility Date:05/24/2011

Effective Date:05/25/2011

Review Date:06/01/2011

Entered by Name:Ima Oberworkt

Medicaid ID:00100500555

Approved

Waiver Eligibility Dates:05/25/2011 - Open

(Can be same as Effective Date)

Phone Number:785-123-4567

Total Budget Amount: \$ 30920.00

Services:

Click “View History” button

Qty	Unit	Rate	Service Total	Required	Performing Prov
5000	15 Mins	6.00	30000.00		Tester 1
16	15 Mins	20.00	320.00	Y	Tester 1
100	15 Mins	6.00	600.00		Tester 1

Created: 08/16/2011 By: Tester 1

Last Updated: 08/17/2011 By: Tina Davis

Edit

View History

Copy Budget

End ePOC

Crisis Budget

Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

History of budgets entered by the CMHC

SED Waiver

Budget

Name:SED Testcases

SSN:123-12-3122

Family Choice Date:03/15/2011

Clinical Eligibility Date:03/11/2011

Medicaid ID:00123123122

Waiver Eligibility Dates:03/15/2011 - Open

Budget History:

	Effective	End Date	Status	Entered	Entered By	Review Reason
Select	03/15/2011		Approved	06/08/2011	Test Provider 1	

Click “Select” button to view

End ePOC

Crisis Budget

Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

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Steps to editing a service on a waiver participant's budget

SED Waiver

Budget

Name: **Testin McTestor** Medicaid ID: **00100500555** Waiver Eligibility Dates: **05/25/2011 - Open**

SSN: **555-55-5555**

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date: **05/25/2011**

Review Date: **06/01/2011** (Can be same as Effective Date)

Entered by Name: **Ima Oberworkt** Phone Number: **785-123-4567**

Approved

Click the "Edit" button

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
S5150	Short Term Respite Care	100	15 Mins	6.00	600.00		Tester 1

Created: 08/16/2011 By: Tester 1
Last Updated: 08/17/2011 By: Tina Davis

\$ 1496.00

[Edit](#) [View History](#) [Copy Budget](#) [End ePOC](#) [Crisis Budget](#) [Back](#)

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For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Budget

Name: **Testin McTestor** Medicaid ID: **00100500555** Waiver Eligibility Dates: **05/25/2011 - Open**

SSN: **555-55-5555**

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date: **05/25/2011**

Review Date: **06/01/2011** (Can be same as Effective Date)

Entered by Name: **Ima Oberworkt**

Not processed

Compliance FCD:

Click the "Edit" button next to the service needing changes.

Total Budget Amount: \$ 1496.00

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
Delete Edit T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
Delete Edit H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
Delete Edit S5150	Short Term Respite Care	100	15 Mins	6.00	600.00		Tester 1

Created: 08/16/2011 By: Tester 1
Last Updated: 08/17/2011 By: Tester 1

[Save](#) [Add a Service](#) [Cancel](#)

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Budget

Name: **Testin McTestor** Medicaid ID: **00100500555** Waiver Eligibility Dates: **05/25/2011 - Open**
 SSN: **555-55-5555**

Approved

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date: **05/25/2011**

Review Date: **06/01/2011** (Can be same as Effective Date)

Entered by Name: **Ima Oberworkt**

Phone Number: **785-123-4567**

Total Budget Amount: **\$ 1496.00**

Make changes to the quantity of units.

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
Update Cancel T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
Edit H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
Edit S5150	Short Term Respite Care	100	15 Mins	6.00	600.00		Tester 1

Created: 08/16/2011 By: Tester 1
 Last Updated: 08/17/2011 By: Tina Davis

Edit **View History** **Copy Budget** **End ePOC** **Crisis Budget** **Back**

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Budget

Name: **Testin McTestor** Medicaid ID: **00100500555** Waiver Eligibility Dates: **05/25/2011 - Open**
 SSN: **555-55-5555**

Approved

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date: **05/25/2011**

Review Date: **06/01/2011** (Can be same as Effective Date)

Entered by Name: **Ima Oberworkt**

Phone Number: **785-123-4567**

Total Budget Amount: **\$ 1496.00**

Click "Update"

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
Update Cancel T1019-HK	Attendant Care	200	15 Mins	6.00	576.00		Tester 1
Edit H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
Edit S5150	Short Term Respite Care	100	15 Mins	6.00	600.00		Tester 1

Created: 08/16/2011 By: Tester 1
 Last Updated: 08/17/2011 By: Tina Davis

Edit **View History** **Copy Budget** **End ePOC** **Crisis Budget** **Back**

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Successful edit for the quantity of units for a budgeted service

SED Waiver

Budget

Name:Testin McTestor

SSN:555-55-5555

Family Choice Date:05/25/2011

Clinical Eligibility Date:05/24/2011

Effective Date:05/25/2011

Review Date:06/01/2011

Entered by Name:Ima Oberworkt

Medicaid ID: 00100500555

Not processed

(Can be same as Effective Date)

Phone Number:785-123-4567

Waiver Eligibility Dates: 05/25/2011 - Open

Total Budget Amount: \$ 2120.00

Services:

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	200	15 Mins	6.00	1200.00		Tester 1
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
S5150	Short Term Respite Care	100	15 Mins	6.00	600.00		Tester 1

Created: 08/16/2011 By: Tester 1

Last Updated: 08/17/2011 By: Tester 1

Edit

View History

End ePOC

Crisis Budget

Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

If the “Edit” button does not display, it is not possible to make adjustments to the budget.

Deleting a Service on a SED Waiver Budget

SED Waiver

Budget

Name: Testin McTestor

SSN: 555-55-5555

Family Choice Date: 05/25/2011

Clinical Eligibility Date: 05/24/2011

Effective Date: 05/25/2011

Review Date: (Can be same as Effective Date)

Entered by Name:

Medicaid ID: 00100500555

Approved

Phone Number: 785-123-4567

Amount: \$ 1496.00

Waiver Eligibility Dates: 05/25/2011 - Open

Services:

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
S5150	Short Term Respite Care	100	15 Mins	6.00	600.00		Tester 1

Created: 08/16/2011 By: Tester 1
Last Updated: 08/17/2011 By: Tina Davis

Edit

View History

Copy Budget

End ePOC

Crisis Budget

Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Click
"Edit"

Click "Delete" beside the service
needing deletion from the
budget.

SED Waiver

Budget

Name: Testin McTestor

SSN: 555-55-5555

Family Choice Date: 05/25/2011

Clinical Eligibility Date: 05/24/2011

Effective Date: 05/25/2011

Review Date: 06/01/2011 (Can be same as Effective Date)

Entered by Name: Ima Oberworkt

Medicaid ID: 00100500555

Not processed

Compliance FCD:

Total Budget Amount: \$ 1496.00

Waiver Eligibility Dates: 05/25/2011 - Open

Services:

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
<div>Delete Edit</div> T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
<div>Delete Edit</div> H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
<div>Delete Edit</div> S5150	Short Term Respite Care	100	15 Mins	6.00	600.00		Tester 1

Created: 08/16/2011 By: Tester 1
Last Updated: 08/17/2011 By: Tester 1

Save

Add a Service

Cancel

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Budget

Name: Testin McTestor **Medicaid ID:** 00100500555 **Waiver Eligibility Dates:** 05/25/2011 - Open
SSN: 555-55-5555 Not processed

Family Choice Date: 05/25/2011 **Compliance FCD:**
Clinical Eligibility Date: 05/24/2011
Effective Date:
Review Date: (Can be same as Effective Date)
Entered by Name: **Phone Number:**

Total Budget Amount: \$ 1496.00

Click on Confirm Deletion to delete service - Short Term Respite Care
OR click on Cancel Deletion to cancel

Click "Confirm Deletion"

		Service	Description	Qty	Unit	Rate		
Services:	<input type="button" value="Delete"/>	<input type="button" value="Edit"/>	T1019-HK	Attendant Care	96	15 Mins	6.00	Tester 1
	<input type="button" value="Delete"/>	<input type="button" value="Edit"/>	H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00 Y Tester 1
	<input type="button" value="Delete"/>	<input type="button" value="Edit"/>	S5150	Short Term Respite Care	100	15 Mins	6.00	600.00 Tester 1
	<input type="button" value="Cancel Deletion"/> <input type="button" value="Confirm Deletion"/>							

Created: 08/16/2011 By: Tester 1
 Last Updated: 08/17/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Successful deletion of a service from the budget

SED Waiver

Budget

Name: Testin McTestor **Medicaid ID:** 00100500555 **Waiver Eligibility Dates:** 05/25/2011 - Open
SSN: 555-55-5555 Not processed

Family Choice Date: 05/25/2011
Clinical Eligibility Date: 05/24/2011
Effective Date:
Review Date: (Can be same as Effective Date)
Entered by Name: **Phone Number:**

Total Budget Amount: \$ 896.00

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00 Y		Tester 1

Created: 08/16/2011 By: Tester 1
 Last Updated: 08/17/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Adding a Service to a budget

SED Waiver

Budget

Name: **Testin McTestor** Medicaid ID: **00100500555** Waiver Eligibility Dates: **05/25/2011 - Open**

SSN: **555-55-5555**

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date: **05/25/2011**

Review Date: **06/01/2011** (Can be same as Effective Date)

Entered by Name: **Ima Oberworkt** Phone Number: **785-123-4567**

Not processed

Total Budget Amount: \$ 896.00

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1

Created: 08/16/2011 By: Tester 1
Last Updated: 08/17/2011 By: Tester 1

[Edit](#) [View History](#) [End ePOC](#) [Crisis Budget](#) [Back](#)

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Budget

Name: **Testin McTestor** Medicaid ID: **00100500555** Waiver Eligibility Dates: **05/25/2011 - Open**

SSN: **555-55-5555**

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date: **05/25/2011**

Review Date: **06/01/2011**

Entered by Name: **Ima Oberworkt** Phone Number: **785-123-4567**

Not processed

Compliance FCD:

Total Budget Amount: \$ 896.00

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1

Created: 08/16/2011 By: Tester 1
Last Updated: 08/17/2011 By: Tester 1

[Save](#) [Add a Service](#) [Cancel](#)

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Budget

Name: **Testin McTestor**

SSN: **555-55-5555**

Medicaid ID: **00100500555**

Not processed

Waiver Eligibility Dates: **05/25/2011 - Open**

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date:

Review Date: (Can be same as Effective Date)

Entered by Name: Phone Number:

Enter units for the service that is to be added to the Member's budget.

Total Budget Amount: \$ 896.00

Units	Code	Service	Unit	Rate
<input type="text"/>	S5110	Parent Support, Education, and Training Individual	15 Mins	10.00
<input type="text"/>	S5110-TJ	Parent Support, Education, and Training Group	15 Mins	3.00
<input type="text"/>	S9485	Professional Resource Family Care	Day	138.00
<input type="text"/>	S5150	Short Term Respite Care	15 Mins	6.00
<input type="text" value="24"/>	T2038	Independent Living/Skills Building	Hour	40.00

Created: 08/16/2011 By: Tester 1

Last Updated: 08/17/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Successful addition of a service to a budget

SED Waiver

Budget

Name: **Testin McTestor**

SSN: **555-55-5555**

Medicaid ID: **00100500555**

Not processed

Waiver Eligibility Dates: **05/25/2011 - Open**

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date:

Review Date: (Can be same as Effective Date)

Entered by Name: Phone Number:

Total Budget Amount: \$ 1856.00

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
T2038	Independent Living/Skills Building	24	Hour	40.00	960.00		Tester 1

Created: 08/16/2011 By: Tester 1

Last Updated: 08/17/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Copying an SED Waiver Budget

Once the Plan of Care has been reviewed with the waiver participant and parent/guardian, the current budget in Lucidity should be copied and edited accordingly to reflect any changes to the budget.

Choose the “Budget” button on the Member Information page.

Choose the “Copy Budget” button.

The following message will be displayed: “This budget will be closed and copied and a new budget starting the next day after the End Date entered. Please edit and verify the end date before saving. You will not be able to change it.” The cursor is automatically placed in the End Date text box when a budget is copied.

If the end date is not changed before saving, the copy of the budget will auto-populate to 90 days from the effective date of the budget being copied.

The end date should be changed to the day before the next budget should be effective. Even if there were no changes to the Plan of Care when it was reviewed, the budget must be copied and updated to reflect that the review took place.

SED Waiver Budget

Name: SED Testcases Medicaid ID: 00123123122
SSN: 123-12-3122
Approved

Family Choice Date: 03/15/2011
Clinical Eligibility Date: 03/11/2011
Effective Date: 03/15/2011 End Date: 6/12/2011 (defaults to 90 days)
Review Date: 04/11/2011 (Can be same as Effective Date)
Entered by Name: Ima Oberworkt Phone Number: 785-123-4567

Total Budget Amount: \$ 1386.00
This budget will be closed and copied to a new budget starting the next day after the End Date entered. Please edit and verify the end date before saving. You will not be able to change it.

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
S5110	Parent Support, Education, and Training Individual	12	15 Mins	10.00	120.00		Tester 1
S5110-TJ	Parent Support, Education, and Training Group	6	15 Mins	3.00	18.00		Tester 1
H2021	Wrap Around Facilitation	12	15 Mins	20.00	240.00	Y	Tester 1
S5150	Short Term Respite Care	72	15 Mins	6.00	432.00		Tester 1

Created: 06/08/2011 By: Tester 1
Last Updated: 06/08/2011 By: Tina Davis

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

The end date must be changed to one day before the effective date of the budget being entered.

Enter the date that the Plan of Care was reviewed with the waiver participant and the family/guardian.

Enter the “Entered by Name”

Enter the “Phone Number”

Click “Save”

****If a budget is left in this status it will be ~~deleted~~.**

SED Waiver

Budget

Name:SED Testcases

SSN:123-12-3122

Family Choice Date:03/15/2011

Clinical Eligibility Date:03/11/2011

Effective Date:05/15/2011

Review Date:(Can be same as Effective Date)

Entered by Name:

Medicaid ID: 00123123122

Waiver Eligibility Dates: 03/15/2011 - Open

Not Processed

Reason for review:

☐ Annual Review

☐ Change in Member's needs

☐ Crisis occurrence

☐ 90-Day review

Total Budget Amount: \$ 1386.00

Please enter the Entered by Name and other required data for this new budget.

Services:

SaveBack

Created: 06/08/2011 By: Tester 1

Last Updated: 06/08/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Reminder – DO NOT use the browser back button/arrow. DO use the “Back” button on the Lucidity page.

The Reason for Review is now indicated.

Complete the crisis budget for this copied budget.

SED Waiver

Budget

Name:SED Testcases

SSN:123-12-3122

Family Choice Date:03/15/2011

Clinical Eligibility Date:03/11/2011

Effective Date:05/15/2011

Review Date:05/15/2011

Entered by Name:Ima Oberworkt

Medicaid ID: 00123123122

Waiver Eligibility Dates: 03/15/2011 - Open

Not Processed

Reason for review:

☐ Annual Review

☐ Change in Member's needs

☐ Crisis occurrence

☒ 90-Day review

Phone Number:785-123-4567

Total Budget Amount: \$ 1386.00

Crisis Budget entry has not been completed.

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
S5110	Parent Support, Education, and Training Individual	12	15 Mins	10.00	120.00		Tester 1
S5110-TJ	Parent Support, Education, and Training Group	6	15 Mins	3.00	18.00		Tester 1
H2021	Wrap Around Facilitation	12	15 Mins	20.00	240.00	Y	Tester 1
S5150	Short Term Respite Care	72	15 Mins	6.00	432.00		Tester 1

Created: 06/08/2011 By: Tester 1

Last Updated: 06/08/2011 By: Tester 1

Edit

View History

End ePOC

Crisis Budget

Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

CBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Reason for Review

Click "Crisis Budget" button to enter information.

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Crisis Budget Entry for a Copied Budget

If there are no changes to the crisis budget, click the “Edit” button so that you can check the “Reviewed and updated if necessary” box and click “Save”.

SED Waiver

Crisis Budget

Name: SED Testcases
SSN: 123-12-3122

Medicaid ID: 00123123122

Waiver Eligibility Dates: 03/15/2011 - Open

Family Choice Date: 03/15/2011 Effective Date: 05/15/2011 ☐ Reviewed and updated if necessary

Please check 'Reviewed and updated if necessary' after verifying a copied Crisis and Post Crisis entries.

Crisis

☒ Providing non-waiver Crisis supports and services

Post Crisis Follow-up with CMHC

☒ Providing non-waiver Post Crisis supports and services

Services:

Service	Description	Qty	Unit	Rate	Service Total
H2021	Wrap Around Facilitation	6	15 Mins	20.00	120.00

Created: 06/08/2011 By: Tester 1

Last Updated: 06/08/2011 By: Tester 1

Check box if there are no changes to the crisis budget.

Edit Save Back

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

This is a saved crisis budget with no changes from a copied budget.

SED Waiver

Crisis Budget

Name: SED Testcases
SSN: 123-12-3122

Medicaid ID: 00123123122

Waiver Eligibility Dates: 03/15/2011 - Open

Family Choice Date: 03/15/2011 Effective Date: 05/15/2011 ☒ Reviewed and updated if necessary

Crisis

☒ Providing non-waiver Crisis supports and services

Post Crisis Follow-up with CMHC

☒ Providing non-waiver Post Crisis supports and services

Services:

Service	Description	Qty	Unit	Rate	Service Total
H2021	Wrap Around Facilitation	6	15 Mins	20.00	120.00

Created: 06/08/2011 By: Tester 1

Last Updated: 06/08/2011 By: Tester 1

Edit Back

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Editing a copied crisis budget and/or post crisis follow-up budget

SED Waiver

Crisis Budget

Name: Tesla McTester

SSN: 222-22-2222

Family Choice Date: 08/13/2010

Medicaid ID: 00100200222

Effective Date: 08/13/2011

☒ Reviewed and updated if necessary

Waiver Eligibility Dates: 08/13/2010 - Open

Copied crisis/post crisis collow-up budgets

Crisis

☒ Providing non-waiver Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Post Crisis Follow-up

☒ Providing non-waiver Post Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
T1019-HK	Attendant Care	16	15 Mins	6.00	96.00
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Click "Edit"

Edit

Back

Created: 08/18/2011 By: Tester 1

Last Updated: 08/18/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Adding a service to the crisis budget

SED Waiver

Crisis Budget

Name: Tesla McTester

SSN: 222-22-2222

Family Choice Date: 08/13/2010

Medicaid ID: 00100200222

Effective Date: 08/13/2011

☒ Reviewed and updated if necessary

Waiver Eligibility Dates: 08/13/2010 - Open

Click "Add a Crisis Service"

Budget in "Edit" mode; ready for changes to be made.

Providing non-waiver Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
<div>Delete</div> <div>Edit</div> H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Cancel Add a Crisis Service

Post Crisis Follow-up with CMHC

☒ Providing non-waiver Post Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
<div>Delete</div> <div>Edit</div> T1019-HK	Attendant Care	16	15 Mins	6.00	96.00
<div>Delete</div> <div>Edit</div> H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Add a Service

Save

Cancel

Created: 08/18/2011 By: Tester 1

Last Updated: 08/18/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Crisis Budget

Name: **Tesla McTester** Medicaid ID: **00100200222** Waiver Eligibility Dates: **08/13/2010 - Open**
 SSN: **222-22-2222**
 Family Choice Date: **08/13/2010** Effective Date: **08/13/2011** ☒ Reviewed and updated if necessary

Adding SED Waiver Attendant Care (T1019 HK) to the crisis budget. Click "Save".

Crisis ☒ Providing non-waiver Crisis supports and services

Units	Code	Service	Unit	Rate	
100	T1019-HK	Attendant Care	15 Mins	6.00	
<input type="checkbox"/>	S5110	Parent Support, Education, and Training Individual	15 Mins	10.00	
<input type="checkbox"/>	S5110-TJ	Parent Support, Education, and Training Group	15 Mins	3.00	
<input type="checkbox"/>	S9485	Professional Resource Family Care	Day	138.00	
<input type="checkbox"/>	S5150	Short Term Respite Care	15 Mins	6.00	
<input type="checkbox"/>	T2038	Independent Living/Skills Building	Hour	40.00	

Services:

Post Crisis Follow-up with CMHC ☒ Providing non-waiver Post Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
<input type="button" value="Delete"/> <input type="button" value="Edit"/>	T1019-HK Attendant Care	16	15 Mins	6.00	96.00
<input type="button" value="Delete"/> <input type="button" value="Edit"/>	H2021 Wrap Around Facilitation	4	15 Mins	20.00	80.00

Services:

Created: 08/18/2011 By: Tester 1
 Last Updated: 08/18/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org

Deleting a service from the post crisis follow-up budget

SED Waiver

Crisis Budget

Name: **Tesla McTester** Medicaid ID: **00100200222** Waiver Eligibility Dates: **08/13/2010 - Open**
 SSN: **222-22-2222**
 Family Choice Date: **08/13/2010** Effective Date: **08/13/2011** ☒ Reviewed and updated if necessary

Crisis ☒ Providing non-waiver Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
T1019-HK	Attendant Care	100	15 Mins	6.00	600.00
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Click "Edit"

Post Crisis Follow-up with CMHC ☒ Providing non-waiver Post Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
T1019-HK	Attendant Care	16	15 Mins	6.00	96.00
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Created: 08/18/2011 By: Tester 1
 Last Updated: 08/18/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Crisis Budget

Name: Tesla McTester **Medicaid ID:** 00100200222 **Waiver Eligibility Dates:** 08/13/2010 - Open
SSN: 222-22-2222

Family Choice Date: 08/13/2010 **Effective Date:** 08/13/2011 ☒ Reviewed and updated if necessary

Crisis ☒ Providing non-waiver Crisis supports and services

Description	Qty	Unit	Rate	Service Total
Attendant Care	100	15 Mins	6.00	600.00
Wrap Around Facilitation	4	15 Mins	20.00	80.00

Services:

Service	Description	Qty	Unit	Rate	Service Total
T1019-HK	Attendant Care	100	15 Mins	6.00	600.00
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Click on Confirm Deletion to delete service - Attendant Care
OR click on Cancel Deletion to cancel

Created: 08/18/2011 By: Tester 1
Last Updated: 08/18/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Deleting SED Waiver
Attendant Care from the post
crisis follow-up budget.
Click "Delete"

Then click
"Confirm
Deletion"

Successful deletion of a waiver specific service from the post crisis follow-up budget.

SED Waiver

Crisis Budget

Name: Tesla McTester **Medicaid ID:** 00100200222 **Waiver Eligibility Dates:** 08/13/2010 - Open
SSN: 222-22-2222

Family Choice Date: 08/13/2010 **Effective Date:** 08/13/2011 ☒ Reviewed and updated if necessary

Crisis ☒ Providing non-waiver Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
T1019-HK	Attendant Care	100	15 Mins	6.00	600.00
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Post Crisis Follow-up with CMHC ☒ Providing non-waiver Post Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Created: 08/18/2011 By: Tester 1
Last Updated: 08/18/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Deleting non-waiver supports and services from the same budget.

SED Waiver

Crisis Budget

Name: Tesla McTester

SSN: 222-22-2222

Family Choice Date: 08/13/2010

Medicaid ID: 00100200222

Effective Date: 08/13/2011

Reviewed and updated if necessary

Waiver Eligibility Dates: 08/13/2010 - Open

Crisis

☒ Providing non-waiver Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
T1019-HK	Attendant Care	100	15 Mins	6.00	600.00
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Services:

Click "Edit"

☒ Providing non-waiver Post Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Services:

Click the box to "uncheck"

W-

Created: 08/18/2011 By: Tester 1

Last Updated: 08/18/2011 By: Tester 1

Save

Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Crisis Budget

Name: Tesla McTester

SSN: 222-22-2222

Family Choice Date: 08/13/2010

Medicaid ID: 00100200222

Effective Date: 08/13/2011

Reviewed and updated if necessary

Waiver Eligibility Dates: 08/13/2010 - Open

Crisis

☒ Providing non-waiver Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
T1019-HK	Attendant Care	100	15 Mins	6.00	600.00
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Services:

Click the box to "uncheck"

☒ Providing non-waiver Post Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Services:

Post Crisis Follow-up with CMHC

☐ Providing non-waiver Post Crisis supports and services

Save

Cancel

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Successful deletion of non-waiver supports and services from the post crisis follow-up budget.

SED Waiver

Crisis Budget

Name: Tesla McTester

SSN: 222-22-2222

Family Choice Date: 08/13/2010

Medicaid ID: 00100200222

Effective Date: 08/13/2011

Reviewed and updated if necessary

Waiver Eligibility Dates: 08/13/2010 - Open

Crisis

☒ Providing non-waiver Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
T1019-HK	Attendant Care	100	15 Mins	6.00	600.00
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

Post Crisis Follow-up with CMHC

☐ Providing non-waiver Post Crisis supports and services

Service	Description	Qty	Unit	Rate	Service Total
H2021	Wrap Around Facilitation	4	15 Mins	20.00	80.00

EditBack

Created: 08/18/2011 By: Tester 1

Last Updated: 08/18/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Entering an annual review budget

The annual review is entered using the same steps as all other budgets. Make sure that the Reason for Review is identified by clicking the “Annual Review” button.

The annual review can be completed the month prior to or up to 10 days prior to the end of the month of the FCD date.

SED Waiver

Budget

Name: Tesla McTester

SSN: 222-22-2222

Family Choice Date: 08/13/2010

Medicaid ID: 00100200222

Effective Date: 08/13/2011

Reason for review: Annual Review

Dates: 08/13/2010 - Open

Not processed

Click the Annual Review button; then click Save.

Review Date: 8-12-11 (Can be same as Effective Date)

Entered by Name: Ima Oberworkt

Phone Number: 785-123-4567

Total Budget Amount: \$ 3004.00

Please enter the Entered by Name and other required data for this new budget.

Services:

Created: 08/18/2011 By: Tester 1

Last Updated: 08/18/2011 By: Tester 1

SaveBack

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

The screen below is of an annual review budget that is complete and ready to be processed by the KanCare MCO assigned to the waiver participant.

By marking this box, confirmation is made that the QMHP has completed the annual review form, the full wraparound team has met after the annual review was completed, and the parent/guardian has signed the Plan of Care.

The effective date of the annual review budget is the date the parent signs the Plan of Care.

Click "Edit"

Newly created budget

SED Waiver

Budget

Name: **Tesla McTester**

SSN: **222-22-2222**

Family Choice Date: 08/13/2010

Clinical Eligibility Date: 08/10/2010

Effective Date: 08/13/2011

Review Date: 08/13/2011 (Can be same as Effective Date)

Entered by Name: Ima Oberworkt

Medicaid ID: 00100200222

Not processed

Reason for review:
☒ Annual Review
☐ Change in Member's needs
☐ Crisis occurrence
☐ 90-Day review

Phone Number: 785-123-4567

Total Budget Amount: \$ 3004.00

Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
Attendant Care	204	15 Mins	6.00	1224.00		Tester 1
Support, Education, and Training Individual	8	15 Mins	10.00	80.00		Tester 1
Additional Resource Family Care	10	Day	138.00	1380.00		Tester 1
Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1

Created: 08/18/2011 By: Tester 1
Last Updated: 08/18/2011 By: Tester 1

Budget
Back

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Two CMHC's providing waiver services to the same waiver participant

- The primary CMHC will identify on their ePOC the waiver specific services that will provided by both the primary and collaborating CMHC

SED Waiver

Budget

Name: **Testin McTester**

SSN: **555-55-5555**

Family Choice Date: 05/25/2011

Clinical Eligibility Date: 05/24/2011

Effective Date: 07/15/2011

Review Date: 07/15/2011 (Can be same as Effective Date)

Entered by Name: Ima Oberworkt

Medicaid ID: 00100500555

Not processed

Reason for review:
☐ Annual Review
☒ Change in Member's needs
☐ Crisis occurrence
☐ 90-Day review

Phone Number: 785-123-4567

Waiver Eligibility Dates: 05/25/2011 - Open

Total Budget Amount: \$ 1856.00

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
T2038	Independent Living/Skills Building	24	Hour	40.00	960.00		Tester 1

Created: 08/22/2011 By: Tester 1
Last Updated: 08/22/2011 By: Tester 1

Edit
View History
End ePOC
Crisis Budget
Back

Kansas Health Solutions - Care Management: 1.877.642.9283

SED Waiver

Budget

Name: Testin McTestor Medicaid ID: 00100500555 Waiver Eligibility Dates: 05/25/2011 - Open
SSN: 555-55-5555

Not processed

Family Choice Date: 05/25/2011 Compliance FCD:

Clinical Eligibility Date: 05/24/2011

Effective Date: 07/15/2011

Review Date: 07/15/2011

Entered by Name: Ima Oberworkt

Reason for review: ☐ Annual Review ☒ Change in Member's needs
☐ Crisis occurrence ☐ 90-Day review

Phone Number: 785-123-4567

Total Budget

Click "Edit"
next to the
service that will
be assigned to
another CMHC.

Services:

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
<input type="button" value="Delete"/> <input type="button" value="Edit"/>	T1019-HK Attendant Care	96	15 Mins	6.00	576.00		Tester 1
<input type="button" value="Delete"/> <input type="button" value="Edit"/>	H2021 Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
<input type="button" value="Delete"/> <input type="button" value="Edit"/>	T2038 Independent Living/Skills Building	24	Hour	40.00	960.00		Tester 1

Created: 08/22/2011 By: Tester 1
Last Updated: 08/22/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

SED Waiver

Budget

Name: Testin McTestor Medicaid ID: 00100500555 Waiver Eligibility Dates: 05/25/2011 - Open
SSN: 555-55-5555

Not processed

Family Choice Date: 05/25/2011

Clinical Eligibility Date: 05/24/2011

Effective Date: 07/15/2011

Review Date: 07/15/2011 (Can be same as Effective Date)

Entered by Name: Ima Oberworkt

Reason for review: ☐ Annual Review ☒ Change in Member's needs
☐ Crisis occurrence ☐ 90-Day review

Phone Number: 785-123-4567

Total Budget Amount: \$ 1856.00

Click the
dropdown
box to
identify the
provider.

Services:

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
<input type="button" value="Update"/> <input type="button" value="Cancel"/>	T1019-HK Attendant Care	96	15 Mins	6.00	576.00		Tester 1 <input type="button" value="v"/>
<input type="button" value="Edit"/>	H2021 Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
<input type="button" value="Edit"/>	T2038 Independent Living/Skills Building	24	Hour	40.00	960.00		Tester 1

Created: 08/22/2011 By: Tester 1
Last Updated: 08/22/2011 By: Tester 1

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Budget

Name: **Testin McTestor**

SSN: **555-55-5555**

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date: **07/15/2011**

Review Date: **07/15/2011** (Can be same as Effective Date)

Entered by Name: **Ima Oberworkt**

Medicaid ID: **00100500555**

Waiver Eligibility: **Open**

Not processed

AREA MHC
BERT NASH
CENTRAL KS
COMCARE
CRAWFORD
COWLEY CO
LAYTON
FSGC
FOUR CO
HIGH PLAIN
HORIZONS
IROQUOIS
JOHNSON CO
KANZA
LABETTE
MHCECK
PAWNEE
PRAIRIE VW
SCMHCC
SEKSMHC
SWGIDANCE
SPRING RIV
SUMNER
Tester 1
Tester 2
CENTER 4CC
GUIDANCE
WYANDOT

Choose the provider. Scroll up/down to the provider to choose, click to make the change.

Service	Description	Qty	Unit	Rate	Service Total	Required
Update Cancel T1019-HK	Attendant Care	96	15 Mins	6.00	576.00	Tester 1
Edit H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y Tester 1
Edit T2038	Independent Living/Skills Building	24	Hour	40.00	960.00	Tester 1

Total Budget Amount: \$ 1856.00

Created: 08/22/2011 By: Tester 1
Last Updated: 08/22/2011 By: Tester 1

Edit View History End ePOC Crisis Budget Back

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

SED Waiver

Budget

Name: **Testin McTestor**

SSN: **555-55-5555**

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date: **07/15/2011**

Review Date: **07/15/2011** (Can be same as Effective Date)

Entered by Name: **Ima Oberworkt**

Medicaid ID: **00100500555**

Waiver Eligibility Dates: **05/25/2011 - Open**

Not processed

Provider "Tester 2" has been assigned.

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
Update Cancel T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 2
Edit H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
Edit T2038	Independent Living/Skills Building	24	Hour	40.00	960.00		Tester 1

Total Budget Amount: \$ 1856.00

Created: 08/22/2011 By: Tester 1
Last Updated: 08/22/2011 By: Tester 1

Edit View History End ePOC Crisis Budget Back

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

- The budget will be identified in Lucidity as having two providers
- If both the primary CMHC and the collaborating CMHC will be providing the same service, the specific units need to be identified in the Notes section of Lucidity and the service is to be assigned to the collaborating CMHC.

- Example note in Lucidity – See 2nd screen.

SED Waiver

Budget

Name: **Testin McTestor** Medicaid ID: **00100500555** Waiver Eligibility Dates: **05/25/2011 - Open**

SSN: **555-55-5555**

Not processed

Family Choice Date: **05/25/2011**

Clinical Eligibility Date: **05/24/2011**

Effective Date: **07/15/2011**

Review Date: **07/15/2011** (Can be same as Effective Date)

Reason for review: ☐ Annual Review ☒ Change in M ☐ Crisis occurrence ☐ 90-Day review

Entered by Name: **Ima Oberworkt** Phone Number: **785-123-4567**

Total Budget Amount: \$ 1856.00

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 2
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
T2038	Independent Living/Skills Building	24	Hour	40.00	960.00		Tester 1

Created: 08/22/2011 By: Tester 1
Last Updated: 08/22/2011 By: Tester 1

[Edit](#) [View History](#) [End ePOC](#) [Crisis Budget](#) [Back](#)

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Authorization for Attendant Care will be provided for Tester 2.

SED Waiver

Member Notes

Name: **Testin McTestor** Medicaid ID: **00100500555**

SSN: **555-55-5555**

Note	Entered	Entered by	User Name
Tester 1 will be providing 40 units of SED Waiver Attendant Care and Tester 2 will be providing 56 units of the budgeted 96 units	08/23/2011	Ima Oberworkt	Test Provider 1
Yes it is. Checking the notes section should be a part of your routine when entering a budget.	08/17/2011	Tina Davis	Care Management
Is this where I enter notes?	08/16/2011	Ima Oberworkt	Test Provider 1

Note:

Entered by: (initials or name)

[Save](#) [Back](#)

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Authorization for Attendant Care will be provided for Tester 1 and Tester 2 based on the information in the Notes section.

Entering an ePOC Closure

Choose the budget button on the Member Information page.

Choose the “End ePOC” button.

Enter the termination date, discharge reason from the dropdown options, Entered by Name and phone number.

“Beneficiary’s address unknown” must have documentation in the Notes Section of Lucidity.

Click Save.

The screenshot shows the 'SED Waiver Close ePOC' form. At the top, the title 'SED Waiver' is in white on a blue background, with 'Close ePOC' in green below it. The form fields are as follows: Name: SED Testcases, Medicaid ID: 00123123122, Waiver Eligibility Dates: 03/15/2011 - Open, SSN: 123-12-3122. A red warning message states: 'Completing this entry will close this member's Plan of Care for SED Waiver services.' The Family Choice Date is 03/15/2011. The Termination Date field is empty. The Discharge Reason dropdown menu is open, showing a list of options. The Entered by Name field is empty. The Phone Number field is empty. At the bottom, there are three buttons: 'Save', 'Back', and 'Back to Member Information'. A green footer bar contains contact information: 'Kansas Health Solutions - Care Management: 1.877.642.9283', 'For technical support: KHSsupport@kansashealthsolutions.org', and 'HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471'.

ePOC closure completed and saved.

The screenshot shows the 'SED Waiver Close ePOC' form for a different member. The title 'SED Waiver' and 'Close ePOC' are the same. The form fields are: Name: Testin McTestor, Medicaid ID: 00100500555, Waiver Eligibility Dates: 05/25/2011 - Open, SSN: 555-55-5555. The same red warning message is present. The Family Choice Date is 05/25/2011. The Termination Date field contains '6-8-11'. The Discharge Reason dropdown menu is set to 'Residential placement'. The Entered by Name field contains 'Ima Oberworkt'. The Phone Number field contains '785-123-4567'. At the bottom, there are three buttons: 'Save', 'Back', and 'Back to Member Information'. The same green footer bar with contact information is at the bottom.

Member budget showing that an ePOC closure has been entered.

SED Waiver

Budget

Name:Testin McTestor

SSN:555-55-5555

Medicaid ID: 00100500555

Waiver Eligibility Dates: 05/25/2011 - Open

Approved

Family Choice Date:05/25/2011

Clinical Eligibility Date:05/24/2011

Effective Date:

05/25/2011

Review Date:

06/01/2011

 (Can be same as Effective Date)

Entered by Name:

Ima Oberworkt

Phone Number:

785-123-4567

Total Budget Amount: \$ 1856.00

This member's Plan of Care has been closed effective 06/08/2011.
The budget cannot be changed.

Services:

Service	Description	Qty	Unit	Rate	Service Total	Required	Performing Prov
T1019-HK	Attendant Care	96	15 Mins	6.00	576.00		Tester 1
H2021	Wrap Around Facilitation	16	15 Mins	20.00	320.00	Y	Tester 1
T2038	Independent Living/Skills Building	24	Hour	40.00	960.00		Tester 1

Created: 08/16/2011 By: Tester 1

Last Updated: 08/17/2011 By: Tina Davis

View History

View ePOC Closure

Crisis Budget

Back

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

If the “Undo Closure” button is visible, the ePOC Closure can be removed.

SED Waiver

Close ePOC

Name: SED Testcases

SSN: 123-12-3122

Medicaid ID: 00123123122

Waiver Eligibility Dates: 03/15/2011 - Open

This member's Plan of Care for SED Waiver services has been closed. It can still be edited.

Family Choice Date:03/15/2011

Termination Date:

06/08/2011

Discharge Reason:

Residential placement

Entered by Name:

Ima Oberworkt

Phone Number:

785-123-4567

Edit

Undo Closure

Back

Back to Member Information

Kansas Health Solutions - Care Management: 1.877.642.9283

For technical support: KHSsupport@kansashealthsolutions.org

HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Undo Closure
button

First budget following a transfer to another CMHC

Enter the Effective Date, Review Date, Entered by Name and Phone Number.

Click Save

SED Waiver
Budget

Name: SED Testcases Medicaid ID: 00123123122 Waiver Eligibility Dates: 03/15/2011 - Open
SSN: 123-12-3122

Family Choice Date: 03/15/2011 Compliance FCD:
Clinical Eligibility Date: 03/11/2011
Effective Date:
Review Date: (Can be same as Effective Date)
Entered by Name: Phone Number:

This member has a budget entered by another center.

Notification that another CMHC has entered a budget for this client.

Created:
Last Updated:

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Reports available in Lucidity

To run the reports located in Lucidity, login in and click the “Reports” button.

Waiver Programs
Member Search

TEST

Social Security Number: (Enter without dashes)
OR
Medicaid ID:
OR
eCura Member ID:
OR
Name (First, Last):
and Birthdate:

Select Program for Member: ☐ SED Waiver ☐ PRTF CBA Grant

Reports button

Kansas Health Solutions - Care Management: 1.877.642.9283
For technical support: KHSsupport@kansashealthsolutions.org
HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

The “Reports” feature allows a user to:

- Create a Incomplete Budgets Report
- Create an Overdue Budgets Report
- Create an Active Waiver Participants Report

Waiver Programs

Reports

Enter report criteria if required, and click on the Create Report button on the same line.
Then click on the red link to save or print the report.

Report Name	Criteria	Create and Display Report
Incomplete Budgets Report	None	Create Report
Overdue Budgets Report	None	Create Report
Active Members Report	Begin Date: <input type="text"/> End Date: <input type="text"/> Program: <input type="radio"/> SED Waiver <input type="radio"/> PRTF CBA Grant	Create Report

[Back](#)

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

If the CMHC has any incomplete budgets, the red prompt below will be displayed. Click this link to create the report. A hard copy can be made of this report.

Waiver Programs

Reports

Enter report criteria if required, and click on the Create Report button on the same line.
Then click on the red link to save or print the report.

Report Name	Criteria	Create and Display Report
Incomplete Budgets Report	None	Create Report View and Print Report
Overdue Budgets Report	None	Create Report
Active Members Report	Begin Date: <input type="text"/> End Date: <input type="text"/> Program: <input type="radio"/> SED Waiver <input type="radio"/> PRTF CBA Grant	Create Report

[Back](#)

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

If there are no incomplete budgets to review, the message “No incomplete budgets were found for your center” will be displayed.

Waiver Programs

Reports

Enter report criteria if required, and click on the Create Report button on the same line.
Then click on the red link to save or print the report.

No incomplete budgets were found for your center.

Report Name	Criteria	Create and Display Report
Incomplete Budgets Report	None	Create Report
Overdue Budgets Report	None	Create Report
Active Members Report	Begin Date: <input style="width: 80px;" type="text"/> End Date: <input style="width: 80px;" type="text"/> Program: <input type="radio"/> SED Waiver <input type="radio"/> PRTF CBA Grant	Create Report

[Back](#)

Kansas Health Solutions - Care Management: 1.877.642.9283
 For technical support: KHSsupport@kansashealthsolutions.org
 HCBS Waiver Manager SRS/Mental Health: 1.785.296.3471

Prohibited Restrictive Interventions and the Use of Restraint

Kansas statute, regulation and HCBS SED Waiver policy prohibit the following:

- Chemical Restraints – medication used as restraints means any medication that:
 - is administered to manage a waiver participants behavior in a way that reduces the safety risk to the waiver participant or others; and
 - has the temporary effect of restricting the residents freedom of movement; or
 - is not standard treatment for the waiver participant’s medical or psychiatric condition.
- Mechanical restraints – means any device attached or adjacent to the waiver participant’s body that he or she cannot easily remove which restricts freedom of movement or normal access to his or her body.
- Seclusion – means the involuntary confinement of a waiver participant in an area where the waiver participant is physically prevented from leaving as a means of controlling the person’s behavior.

The use of physical restraint as a de-escalation technique and emergency behavioral intervention is allowed only after all less restrictive interventions have been exhausted.

Regulation governing the use of Physical Restraint is found in K.A.R. 30-60-48.

Physical restraint is only allowed as a de-escalation technique and emergency behavioral intervention and includes:

- (1) Each staff waiver participant, volunteer, and contractor shall utilize only de-escalation techniques or emergency behavioral interventions which that staff waiver participant, volunteer, or contractor has been appropriately trained in or is professionally qualified to utilize and
- (2) No practice utilized shall be intended to humiliate, frighten, or physically harm a waiver participant.
- (3) No practice that becomes necessary to implement shall continue longer than necessary to resolve the behavior at issue.
- (4) Physical restraint shall be used as a method of intervention only when all other methods of de-escalation have failed and only when necessary for the protection of that waiver participant or other individuals.

- (5) Each instance of the utilization of a physical restraint shall be documented in the waiver participant's clinical record required by K.A.R. 30-60-46 and reviewed by supervising staff and the CMHC's risk management program required by K.A.R. 30-60-56.
- (6) Each instance in which the utilization of a de-escalation technique or emergency behavioral intervention results in serious injury to the waiver participant shall be reported to KDADS central office using the Adverse Incidents Report (AIR) application.

BASIS FOR USE OF RESTRAINT

Restraint techniques should only be used when all less restrictive methods of intervening have been exhausted, and are limited to situations in which there is serious, probable and imminent threat of bodily harm to self or others by a person with the present ability to cause such harm. *Physical restraints are not allowed for the sole purpose of mediating destruction of property and must never be used as a punitive form of discipline or as a threat to control or gain compliance of a person's behavior.* In all situations, less restrictive alternatives including, but not limited to, positive behavior supports, constructive, non-physical de-escalation and re-structuring of the environment shall be considered prior to initiating a physical restraint, and used when feasible.

An HCBS SED Waiver provider shall:

- Administer restraints only when needed to ensure the safety of the waiver participant and/or other individuals in the immediate environment, (including but not limited to staff waiver participants, other waiver participants, other individuals) and only when needed to prevent the continuation or renewal of an emergency.
- Use restraints only for the period of time necessary to accomplish its purpose and using no more force than is necessary; and
- Prioritize prevention of harm to the waiver participant in care if a restraint is administered.

DUTIES RELATED TO THE USE OF RESTRAINT

When restraints are used, the CMHC shall ensure the following:

1. Direct care staff receive ongoing education, training, and review with a supervising Qualified Mental Health Professional (QMHP) and/or an assembled team of interdisciplinary professionals (that must include a supervising QMHP) to identify non-aversive techniques and strategies that aid the therapeutic process through an expansion of the waiver participants own internalized ability to self regulate behavior, the progress of which is determined and evaluated by a QMHP familiar with the waiver participant and his or her treatment history and is documented through established documentation procedures;
2. All physical restraints must be authorized by a QMHP prior to their use. Authorizations may be obtained verbally, but this authorization must be documented in the waiver participant's clinical record by the QMHP providing authorization.
3. Restraint will only be administered by staff who have been trained to assure the physical safety of the waiver participant;
4. A person administering the physical restraint must use only the amount of force necessary to stop dangerous or violent actions of the waiver participant.
 - a. No restraint is administered in such a way that the waiver participant is prevented from breathing or communicating.
 - b. No restraint is administered in such a way that places excess pressure on the person's chest, back, or extremities;
5. Opportunities to have the restraint removed are provided to the waiver participant who indicates that he or she is willing to cease violent or dangerous behavior;
6. When the restraint is no longer necessary to protect the waiver participant or ensure the safety of others, the restraint must be removed. A physical restraint shall not continue for more than 15 minutes except when essential to maintain the waiver participant's safety.

STAFF TRAINING RELATED TO THE USE OF RESTRAINT

All Community Mental Health Centers shall ensure that all SED Waiver providers who may utilize physical restraints are trained according to a nationally recognized curriculum prior to providing SED Waiver services. Such a program must emphasize the use of safe, non-harmful control and restraint techniques. Training shall include:

1. Techniques to identify staff and waiver participant behaviors, events, and environmental factors that may trigger emergency safety situations;
2. The use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations; and
3. The safe use of restraint, including the ability to recognize and respond to signs of physical distress in waiver participants who are restrained.
4. Methods to explain the use of restraint to the parents or caregivers of the waiver participant; and
5. Documentation and notification procedures.

Individuals who are qualified by education, training and experience must provide staff training. Staff training must include training exercises in which staff waiver participants successfully demonstrate in practice the techniques they have learned for managing emergency safety situations. Staff must be trained and demonstrate competency before participating in an emergency safety situation. These competency evaluations must be observed and documented by the trainers.

The CMHC must document in the staff personnel records that the training and demonstration of competency were successfully completed. Documentation must include the date training was completed and the name of persons certifying the completion of training. All training programs and materials used by the CMHC must be available for review by CMS, the Kansas Department of Health and Environment, and the Kansas Department for Aging and Disability Services.

DOCUMENTATION REQUIREMENTS RELATED TO THE USE OF RESTRAINT

1. Notification of CMHC policy. At intake and annually, the CMHC must:
 - a. Inform the waiver participant and the waiver participant's parents or caregivers of the CMHC's policy regarding the use of restraint during an emergency safety situation that may occur while the waiver participant is in the program;
 - b. Communicate its restraint policy that includes the types of interventions and restraints commonly used in a language that the waiver participant and the parents or caregivers of the waiver participant understand (including American Sign Language, if appropriate) and when necessary, the CMHC must provide interpreters or translators;
 - c. Obtain an acknowledgment, in writing, from the waiver participant, and the parents or caregivers of the waiver participant that he or she has been informed of the CMHC's policy on the use of restraint during an emergency safety situation. Staff must file this acknowledgment in the waiver participant's clinical record; and
 - d. Provide a copy of the CMHC's policy to the waiver participant and the parents or caregivers of the waiver participant.
2. Each instance of the utilization of a physical restraint shall be documented in the waiver participant's clinical record required by K.A.R. 30-60-46 and reviewed by supervising staff and the CMHC's risk management program required by K.A.R. 30-60-56, within 24 hours subsequent to a restraint being administered. Documentation of the physical restraint shall include a justification why a less restrictive intervention was not utilized or failed to keep the waiver participant safe. All incidents of restraint will be compiled by the CMHC risk manager and reported to KDADS central office using the Adverse Incidents Report (AIR) application.
3. Each instance in which the utilization of a de-escalation technique or emergency behavioral intervention results in serious injury to the waiver participant shall be reported by the risk manager to KDADS central office using the Adverse Incidents Report (AIR) application within 24 hours. KDADS in collaboration with the

CMHC risk manager will make a determination regarding a possible referral to child protective services or law enforcement.

All contacts to the Adverse Incidents Report (AIR) application are documented in the state quality improvement quarterly reports which are aggregated and tracked to determine if trends are present. If trends are present, KDADS will develop a corrective action plan with the CMHC in question seeking to prevent utilization of seclusion.

REVIEW OF THE USE OF RESTRAINT

Each CMHC shall ensure that a review process is established and conducted for each incident of restraint used. The purpose of this review shall be to ascertain that appropriate procedures are followed and to minimize future use of restraint. The review must be initiated within 72 hours of the utilization of the restraint. The review shall include, but is not limited to:

- Staff review of the incident;
- Follow up communication with the waiver participant and the parents or caregivers of the waiver participant;
- Review of the documentation to ensure use of alternative strategies; and
- Recommendations for adjustments of procedures.

Each CMHC shall ensure that a general review process is established and conducted at least annually. The purpose of the general review process is to ascertain that procedures are appropriate. This review shall include but is not limited to:

- Analysis of incident reports, including but not limited to procedures used during the restraint, preventative or alternative techniques tried, documentation and follow-up training needs of staff;
- Staff to client ratio, especially in regard to group settings; and
- Environmental considerations, including physical space, noise levels, access to privacy necessary for staff waiver participants to effectively utilize verbal techniques for re-establishing rapport, trust and communication with a previously acting out waiver participant.

Billing Information

Service Description	Code	Limitations/Requirements	Unit value
Short Term Respite Care –	S5150	Cannot be billed simultaneously with Professional Resource Family Care. Waiver participants in DCF custody placed out of the home are not eligible for this service.	One unit = 15 min
Parent Support and Training -- individual	S5110		One unit = 15 min
Parent Support and Training -- group	S5110 Tj		One unit = 15 min
Independent Living/Skills Building	T2038		One unit = one hour
Wraparound Facilitation	H2021	Must be billed at least annually, at initial Plan of Care meeting and annual review Plan of Care meetings	One unit = 15 min
Professional Resource Family Care	S9485	Cannot be billed simultaneously with Short Term Respite Care. PRFC limited to 2 children in the PRFC home. Waiver participants in DCF custody placed out of the home are not eligible for this service.	One unit = one day
Attendant Care	T1019 HK		One unit = 15 min